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ABSTRACT

This curriculum guide encourages students to learn behaviors that will reduce the potential for HIV infection when confronted with choices at a later age. The curriculum is designed for integration within a comprehensive program of school health education (lessons on communicable disease, including HIV, can be integrated at the preschool through grade 3 levels with units on germs, diseases, body systems, healthy life style, good citizenship, and personal responsibility) and offers opportunities for students to practice sequential, age-appropriate decisionmaking skills. In addition to classroom lessons and the concomitant teacher resources and worksheets, the guide offers information for all school personnel as well as for classroom teachers; provides a historical perspective and other facts on HIV/AIDS; presents the rationale for HIV prevention education; discusses classroom strategies; and provides guidelines for ensuring appropriateness and efficacy for diverse student populations. Appendices include a glossary of terms targeted to educators, additional resourses on HIV/AIDS and other communicable diseases, Texas Department of Health information, legal guidelines dealing with HIV in the schools, a bibliography, and an audiovisuals list. (LL)

ED 361 318

Education for Self-Responsibility III:

Prevention of HIV/AIDS and Other Communicable Diseases

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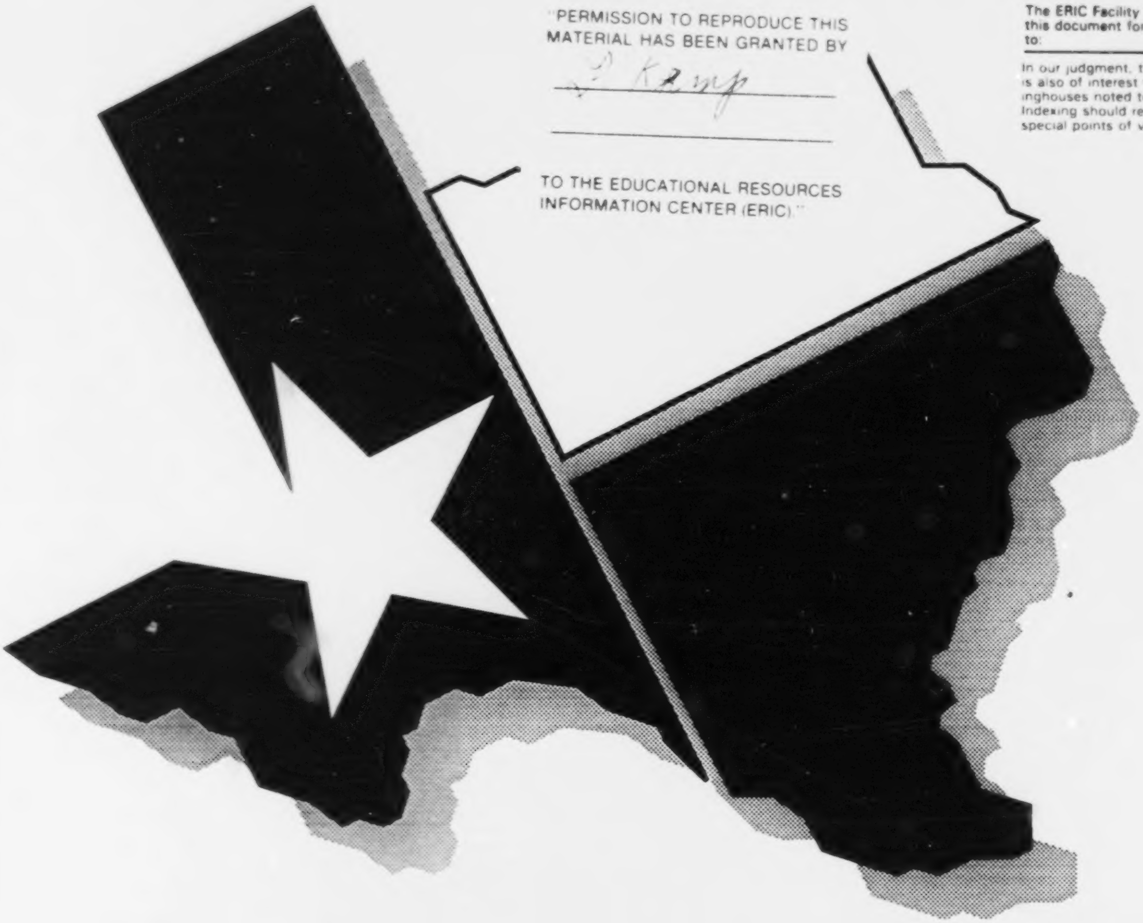

SP034718

Curriculum Guide

Prekindergarten-Grade 3

Texas Education Agency/Austin, Texas

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Education for Self–Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases

Prekindergarten—Grade 3

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The HIV Education Program

EDUCATION FOR SELF-RESPONSIBILITY

In the United States, the first cases of acquired immunodeficiency syndrome (AIDS) were reported in 1981. Since that time, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related conditions has precipitated an epidemic unprecedented in modern history. At the present time, no vaccines or cures have been developed for HIV/AIDS.

HIV is transmitted almost exclusively by behaviors that individuals can modify. (**See Figure 1.**) Therefore, educational programs that influence relevant behaviors are critical to prevent the spread of HIV. *Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases (ESR III)* is designed to encourage Texas students to make behavioral choices that will prevent infection with HIV and other communicable diseases and will enhance total wellness. In *ESR III*, students practice sequential, age-appropriate decision-making skills throughout the entire curriculum, prekindergarten-Grade 12. The foundational skills learned early in the curriculum will be valuable when students are confronted by behavioral choices at a later age.

The *ESR* Series of Publications

ESR III is one in a series of publications developed by the Texas Education Agency in response to the State Board of Education plan to reduce the number of students leaving school before graduation. The first *ESR* document was a framework addressing the prevention of school-age pregnancy in 1987. Also available to schools are *Education for Self-Responsibility II: Prevention of Drug Use (ESR II)* and *Education for Self Responsibility IV: Nutrition Education (ESR IV)*.

The classroom materials in the *ESR* series are supplemental. They correlate with the Texas essential elements of instruction and cover most subject areas prekindergarten—Grade 12. School district personnel may want to instruct staff to plan how these materials can be used to the optimum benefit of students. For example, because HIV infection is a disease with many social and political ramifications, it is therefore an appropriate topic for a variety of subjects and courses. Incorporating HIV materials into the context of other issues may also diffuse some of the fear surrounding the HIV epidemic.

IN 1991 OUT OF 100 TEXAS HIGH SCHOOL STUDENTS

- 72 will have had sexual intercourse
- 20 have multiple sexual partners
- 81 will use alcohol
- 40 will use illicit drugs
- 16 will contract a STD
- 25 will suffer in poverty
- 22 will drop out of school
- 8 will become pregnant

MOST OF THESE BEHAVIORS PUT THESE STUDENTS
AT RISK FOR HIV/AIDS

__?__ WILL BE INFECTED BY HIV

Data sources include the Texas Department of Health, Bureau of Vital Statistics, 1987, 1989; Texas Commission on Alcohol and Drug Abuse, 1990; Hogg Foundation, 1986; and Texas Youth Commission, Task Force on Literacy, 1987.

Figure 1

ESR III

Education for Self-Responsibility III is a four-volume curriculum guide dedicated to increasing the number of schools that offer effective HIV education, which is designed to reduce the potential for HIV infection. The effectiveness of HIV education in schools will be enhanced to the extent to which it is integrated within a comprehensive program of school health education. That integration will help establish a foundation for understanding relationships between personal behaviors and health—that is, within an organized, sequential program of comprehensive school health education from prekindergarten through twelfth grade. This will, in turn, help students at each grade level obtain the knowledge, skills, and support they may need to avoid preventable health problems and to promote healthy life-styles.

In elementary school, lessons on communicable disease including HIV can be incorporated during units on germs, diseases, body systems, healthy life style, good citizenship, and personal responsibilities. In middle school, language arts, mathematics, vocational education, social studies, life science, and health have units that interface with HIV education. High school studies in health, English, vocational educational, fine arts, science, language arts, and various social studies can be expanded or reinforced with HIV concepts. Skills in mathematics, English language arts, and fine arts in all grade levels can be strengthened through the information offered in *ESR III*.

ESR III is packaged in loose-leaf sets for PK-3; Grades 4-6; middle school or junior high Grades 6, 7, and 8; and high school grades. Local school staffs can easily access those lessons relevant to their particular subject areas and/or grade levels.

ESR III, in addition to classroom lessons and the concomitant teacher resources and worksheets, offers valuable information for all school personnel as well as for classroom teachers. The following sections provide a historical perspective and other facts on HIV/AIDS, the rationale for HIV prevention education, a discussion of classroom strategies, and guidelines for ensuring appropriateness and efficacy for the diverse populations in Texas schools.

The Appendices include a glossary of terms, additional resources on HIV/AIDS and other communicable diseases, Texas Department of Health information, legal guidelines dealing with HIV in the schools, a bibliography, and an audiovisuals list.

Home and School Partnership

Home and school partnerships are essential to helping students develop the knowledge, skills, and attitudes to ensure good health. Sample parent letters are included in the Appendices for each level, and various classroom activities offer strategies to increase parent and student communication. Schools may want to encourage parents to be involved in planning the implementation of the curriculum or, at a minimum, to provide opportunities for parents to view the materials. See Appendix F for a school district action plan that includes parents.

Parent Involvement

Home and school involvement will enhance the knowledge, skills, and attitudes that students can develop to ensure total wellness and responsible decision making. Parents are the first teachers of children, and home is the value base of the student. In addition, parents will be more supportive of programs that are open and encouraging of parent involvement. Parents want to know what schools are teaching and who are the staff persons teaching the programs. This is especially true in topic areas such as HIV education that are controversial.

Ways to encourage parent involvement in HIV education include:
- involving representative parents on the program planning committees
- offering a presentation that showcases the program, introduces the teachers who have been trained, and gives parents opportunities to ask questions
- informing parents about the school administrator who has responsibility for the program and referring all questions or inquiries to him or her
- providing in-school opportunities for parents to review the curriculum
- including parents with related professions in classroom presentations
- asking a qualified parent to be the liaison to parents who have questions or who disapprove of the program
- informing parents by letter when specific components are offered (see samples of letters in Appendix H)
- giving parents the option of teaching HIV prevention materials to their own children with the understanding that they will be tested with other students
- using *ESR III* materials that are assigned to encourage parent and student communication
- asking parents of special needs students to assist in adapting the program
- asking representative parents tc be part of program evaluation

Community Involvement

Community involvement efforts in HIV education may include all the groups that have the influence, knowledge/skills, and interests to impact and profit from the schools' programs. Representatives of these groups could be involved in initial program planning. Groups such as social service agencies, hospitals and clinics, health service providers, health professionals, religious institutions, institutions of higher education, service clubs, youth-serving organizations, sports groups, law enforcement entities, recreation centers, business and professional groups, and others may be options and may have persons who are interested.

These groups may also provide additional funding, especially if they helped identify the need, as well as additional audiovisuals and print materials. Professionals from these groups may be effective in classroom presentations. School districts should develop criteria to ensure that speakers and materials are appropriate and correlate with program goals. (Note speaker guidelines in the teacher materials.)

Additional challenges that community groups must address to enhance the wellness of all students are reflected in the following questions:

- What is each group offering in services and/or education to encourage responsible choices by children and youth?
- Are days, hours, and locations of services appropriate for young people?
- Are fees, if any, scaled to income?
- Are children and youth provided with opportunities for healthy activities?
- Do community groups employ persons who relate to youth and who welcome youth participation?
- Do community groups assist in the development and provision of work and volunteer opportunities for youth?
- What are the services for families and youth in trouble?
- Is law enforcement protective of youth?
- Do some groups (youth-serving agencies and religious organizations) offer instruction in healthy, responsible sexuality?
- Most importantly, is the community a healthy place for children and youth?

ESR III encourages community involvement, especially by health professionals and other resource persons. The Texas Education Agency (TEA) continues to work cooperatively with the Texas Department of Health (TDH), and regional offices of TDH are invaluable in implementing prevention programs. Each regional office, for example, has a regional HIV coordinator. See the Appendices for information and resources. School districts may call 1/800-299-AIDS, the Texas AIDS LINE to order copies of the free Texas HIV/AIDS Community Resource Directory.

ESR Training

A curriculum or program is only as effective as the professionals who make the administrative plans and who teach it in the classroom. Therefore, a process for training has been developed for each of the *ESR* series. Each school district is invited to send a team to a Training-of-Trainers (TOT) session at a regional education service center. The trainers will be equipped to train classroom teachers and will be provided with a training package complete with video tapes to facilitate district plans and staff development. For specific information on training and for additional copies of *ESR III*, call (512) 463-9501.

Additional Information

Most Texas communities have HIV counseling and testing sites. The TDH directory contains a list by towns or cities. The local American Red Cross office, STD clinics, hospitals, drug abuse programs, and other health/service providers can be involved to make the program more effective. Their presentations in classrooms, however, will be more appropriate and on-target if districts develop speaker guidelines. For suggestions for these guidelines and other aids, refer to Contents.

COMMUNICABLE DISEASES THROUGHOUT HISTORY

Earliest recorded history documents small pox, leprosy, plagues, cholera, syphilis, tuberculosis, and other communicable diseases as the cause of death for millions throughout the world and throughout the ages. For example, a 6th century plague in Egypt caused death for 100,000,000 before it was carried to Europe. In Constantinople alone, 5,000 to 10,000 died daily. These tragedies of monumental proportions were attributed to immorality, imbalance in humors, demons, specific population groups, the alignment of the planets, eating spicy foods, and other superstitions. Today, because of the efforts of scientists through the years, the causes, cures, and even preventive vaccines have been identified for most communicable diseases. Important milestones include:

1000 B.C.	The Chinese were the first to experiment with a vaccine for small pox.
1067	Leprosy epidemics in Spain resulted in leprosariums, forerunners to modern hospitals.
1630	A European physician noted Peruvian Indian use of cinchona bark (basic to quinine) for fevers such as malaria.
1849	A. Yersin and S. Kitasato identified a plague-carrying organism, the bacillus Pasteurella pestis.
1849	John Snow, a British anesthetist, deduced that cholera was transmitted via water supplies and sewage systems.
1864	A French scientist, Louis Pasteur, discovered the process of heating liquids to kill germs.
1883	Robert Koch, a German bacteriologist, isolated and identified the organism which causes cholera.
	Ignaz P. Semmelweiss documented the need for handwashing between patient examinations in response to the high death rate from puerpel fever (child birth fever).
1901	In research directed by American army surgeon Walter Reed, yellow fever was the first disease to be discovered to be caused by a virus. Two of the doctors who submitted to mosquito bites to test the theory died of yellow fever.

1905	The syphilis infective organism, a spirochite, was discerned; the Wasserman test was developed in 1906.
1924	French bacteriologists Leon Calmitte and Cammille Gueria first immunized children against tuberculosis.
1940	Penicillin, effective against syphilis, etc. was discovered by Sir Alexander Fleming of Scotland.
1946	DDT was first used to rid an entire country of mosquitoes, the vector for malaria.
1953	Jonas Salk developed a vaccine to protect against poliomyelitis.
1963	Measles vaccine licensed for use.
1967	Mumps vaccine licensed for use.
1969	Rubella vaccine licensed for use.
1970	Immunizations for vaccine preventable diseases required for Texas public and private schools.
1976	Combined mumps, measles, rubella vaccine licensed for use.
1979	Hepatitis B virus vaccine licensed for use.
1981	Outbreak of skin cancer linked to "gay pneumonia" epidemic.
1982	Rare disease detected among hemophiliacs. The epidemic is named acquired immune deficiency syndrome.
1983	French researchers isolate virus that causes AIDS.
1985	Blood banks begin testing donations for human immunodeficiency virus.
1987	Haemophilus influenzae type B vaccine licensed for use.
1988	AIDS cases reach 50,000.
1989	Number of AIDS cases surpasses 100,000.
1992	Centers for Disease Control redefine AIDS to include T cell counts below 200.

In addition to medical advances, one of the most basic deterrents to communicable disease is education to discourage defined risky behaviors. Communicable diseases such as tuberculosis and cholera are still causes for high death rates in under developed nations of the world because of lack of information and poverty.

Two virulent diseases literally unknown to Americans are the parasitic diseases, onchocerciasis (river blindness) and Bilharziasis (a urinary tract disease), which kills millions in the near East, the Orient, India, and Africa. For the first, controlling the vector, the black fly, and for the second, persuading people to stay out of contaminated water and/or stopping human contamination of water, must be accomplished. No known vaccinations for these often fatal diseases are available, but research continues. Research, education, and international coordination/communication are also central to control of the human immunodeficiency virus infection, the virus which causes Acquired Immune Deficiency Syndrome (AIDS).

Historically, lessons have been learned regarding the importance of education to reduce unreasonable/unproductive fear; to promote healthy life-styles; and to encourage the avoidance of high-risk behaviors. *ESR III* presents ways for Texas schools to assist students, school staffs, parents, and communities to reach the objectives dictated by these historical lessons.

A BRIEF HISTORY OF HIV/AIDS

Origin and Spread of HIV Disease

First identified in Central Africa in 1972-73, the human immunodeficiency virus (HIV) appears to have been confined to small isolated groups there until people moved from rural areas to cities bringing the virus with them. HIV mutates rapidly and has developed a strain particularly virulent to humans. A monkey strain of the virus and HIV are similar and may have developed from a common viral ancestor.

The spread of cases has been from Africa to Haiti to the United States, and then to Europe and Asia. AIDS has been identified in all six major continents. The World Health Organization (WHO) puts the total of HIV-infected persons worldwide at between eight and 10 million with six to seven million cases of AIDS predicted by the year 2000.

Unexplainable cases of fatal opportunistic diseases were identified in California and New York beginning in 1975. A Centers for Disease Control (CDC) task force investigation found these cases primarily among homosexual men. Later studies showed intravenous drug users, hemophiliacs, and recent immigrants from Haiti with the same symptoms.

The following facts highlight the potential for national disaster, with adolescents as the next primary risk group:

- By 1993, an estimated 390,000 to 480,000 Americans will be diagnosed with AIDS. A million Americans are estimated to be HIV-infected. Persons with HIV may not be aware they are infected and may be infecting others. HIV has an exponential effect: persons pass on HIV to persons who pass on HIV to persons who pass on HIV.
- Since 1981, 47 health-care workers have been infected from on-the-job exposure to infected blood.
- In 1990, the CDC announced that HIV has been transmitted from a dentist with AIDS to three of his patients.
- HIV/AIDS has been well-documented among male homosexuals, intravenous drug users, hemophiliacs, and babies of infected mothers.
- Famous persons who have died of AIDS include Rock Hudson and Liberace. In 1991, Magic Johnson, basketball superstar, announced he was HIV-infected.
- In 1990, American deaths from AIDS have passed the 100,000 mark, nearly two times the number of Americans who died in the Vietnam War.

Toward HIV Prevention

The current emphasis is on education to prevent HIV infection. This thrust is specifically designed to minimize the high risk behaviors known to transmit HIV and to eliminate unwarranted fears, biases, and ignorance surrounding AIDS. In addition to the emphasis on education, accelerated research efforts related to HIV and AIDS are in progress throughout the world.

Major Milestones in research efforts have included the following:

- American and French research teams, with leadership by Robert Gallo, Luc Montagnier, and others, contributed to the discovery of the human immunodeficiency virus (HIV) as the cause of AIDS (acquired immune deficiency syndrome).
- Blood screening tests have been developed, and since 1985, blood banks routinely screen for HIV antibodies (and for high risk donors), ensuring safe blood and blood products for medical treatment.
- Nationwide efforts to affect HIV prevention through education about the high-risk behaviors that expose individuals to HIV infection have been initiated.
- No drugs to cure or vaccines to prevent HIV infection have been developed. The drug AZT (azidothymidine) was originally tested for cancer but has been found to slow the progress of AIDS. AZT was approved for use by the FDA in 1987.

COMMUNICABLE DISEASE CHART FOR SCHOOLS AND CHILD-CARE CENTERS

COMMUNICABLE DISEASE CHART FOR

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
AIDS HIV Infection	Variable	Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals with HIV infection may be asymptomatic.
Amebiasis	Variable, days to months	Intestinal disease may vary from asymptomatic to acute dysentary with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs.
Campylobacteriosis	3-5 days	Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting.
Chickenpox	10-21 days	Fever and rash consisting of blisters that may appear first on head, then spread to body. Usually 2 or 3 crops of new blisters that heal leaving scabs.
Common Cold	1-3 days	Runny nose, watery eyes, general tired feeling, cough, sneezes.
Conjunctivitis, Bacterial and/or Viral	1-3 days	Red eyes, usually with some discharge or crust on eyelids.
Cytomegalovirus (CMV infections)	Unknown under normal circumstances.	Usually asymptomatic. Congenital CMV infections may result in hearing loss, pneumonia, eye inflammation, and growth and/or mental retardation.
Fever		Oral temperature of 38°C (100.4°F) or greater.
Fifth Disease (erythema infectiosum)	6-14 days	Redness of the cheeks ("slapped-face" appearance) and body. Fever does not usually occur.
Gastroenteritis, Viral	Variable, usually 2-7 days.	Stomachache, nausea, diarrhea (6 or more watery, loose stools per day). Fever does not usually occur.
Giardiasis	4-14 days	Gradual onset of stomachache, bloating, and diarrhea. May recur several times over a period of weeks.
Head Lice (pediculosis)	Eggs hatch in 7-10 days	Itching and scratching of scalp. Pinpoint white eggs (nits) that will not flick off the hair shaft.

SCHOOLS AND CHILD-CARE CENTERS

EXCLUDE FROM ATTENDANCE [1]	READMISSION CRITERIA [2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT [4]
No, unless child's physician determines that a severe or chronic skin eruption or lesion which cannot be covered poses a threat to others. The child's parents and physician should be advised in the case of measles, rubella, or chicken pox out-breaks in the school which may pose a health threat to the immunosuppressed child.		Yes, but schools are not required to report.	Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Adolescents should be educated about transmission of the virus through sexual contact and sharing of equipment for injection.
Yes	After treatment is initiated.	Yes	Adequate treatment is necessary to prevent/eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in U.S. but can be acquired in developing countries. Can be spread by personal contact or through food and/or drink.
Yes	After diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
Yes	After 7 days from onset of rash, except immunocompromised individuals who should not return until all blisters have crusted over (may be longer than 7 days).	Yes	No vaccine available at this time.
No, unless fever is present (See Fever).	When fever subsides.	No	Teach importance of washing hands and covering mouth when coughing or sneezing.
Yes	See Footnote 2(A-B).	No	Teach importance of handwashing. Allergic conjunctivitis is not contagious.
No		No	Teach importance of good handwashing practices for staff and children. Avoid direct contact with urine, saliva, or other infectious secretions.
Yes	When fever subsides.	No	
No, unless fever is present (See Fever).	When fever subsides.	No	Cases should be seen by a physician to rule out a diagnosis of measles.
Yes	When diarrhea subsides.	No	Teach importance of handwashing. Adult should supervise handwashing of preschool-age children.
Yes	When diarrhea subsides.	No	Treatment is recommended. Teach importance of handwashing. Can spread quickly in child-care facilities.
Yes	When one medicated shampoo or lotion treatment has been given.	No	Second shampoo or lotion treatment in 7-10 days is recommended. Teach importance of not sharing combs, hats, and coats.

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
Hepatitis, Viral, type A	15-50 days, average 28 days	Abrupt onset of fever, tired feeling, stomachache, nausea, or vomiting followed by jaundice. Young children may have mild case of diarrhea without jaundice.
Hepatitis, Viral, type B	2-6 months	Gradual onset of fever, tired feeling, loss of appetite, followed by jaundice.
Herpes Simplex (cold sores)	First infection, 2-12 days	Blisters, on or near lips, that open and become covered with dark crust. Recurrences are common.
Impetigo	Variable, usually 3-7 days	Blisters on skin that open and become covered with yellowish crust. No fever.
Infectious Mononucleosis	30-50 days	Variable. Generally asymptomatic in infants and young children. Symptoms when present, include fever, fatigue, swollen lymph nodes, and sore throat.
Influenza	1-3 days	Rapid onset of fever, headache, sore throat, cough, chills, lack of energy, muscle aches.
Measles (rubeola)	7-14 days	Runny nose, watery eyes, fever, cough. Blotchy red rash appears on 4th day after prodromal symptoms.
Meningitis, Bacterial	2-10 days	Sudden onset of high fever, headache, and stiff neck, usually with some vomiting.
Meningitis, Viral	2-10 days	Sudden onset of fever, headache, usually with some vomiting.
Mumps	1-26 days, commonly 18 days	Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.
Pertussis (whooping cough)	7-21 days	Low-grade fever, runny nose, and cough lasting about 2 weeks, followed by paroxysmal coughing spells and "whoop" on inspiration.

EXCLUDE FROM ATTENDANCE [1]	READMISSION CRITERIA [2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT [4]
Yes	After 1 week from onset of illness.	Yes	Teach importance of handwashing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all children and parents involved.
No		Yes	Vaccine available but recommended for high-risk groups only as opposed to the general public. Neither cases nor carriers excluded from attendance. Teach importance of good hygiene and avoid contact with blood/body fluids of recent cases or chronic carriers.
No		No	Teach importance of good hygiene. Avoid direct contact with sores.
Yes	When treatment has begun.	No	Keep lesions covered while in school. Teach importance of handwashing and keeping fingernails clean.
No, unless fever is present. (See Fever).	When physician decides or when fever subsides. Some children with fatigue may not be physically able to return to school until symptoms subside.	No	Minimize contact with saliva or nasal discharges. Teach importance of handwashing. No vaccines or specific treatment have been recommended in routine cases.
Yes	When fever subsides.	Yes	Vaccine available, but only recommended for children with certain chronic diseases. Antiviral therapy available for cases of influenza type A.
Yes	After 4 days from rash onset. In an outbreak, unimmunized children should also be excluded for a least 2 weeks after last rash onset occurs.	Yes	Vaccine available. Report suspect cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Yes	See Footnote 2(A-B)	Yes	Depending on which bacteria are causing the illness, prophylactic antibiotics may be recommended for family members. Occasionally, close contacts at a child-care facility are also treated.
No, unless fever is present (See Fever).	When fever subsides.	Yes	Teach importance of handwashing. Prophylactic antibiotics of no value.
Yes	After 9 days from the onset of swelling.	Yes	Vaccine available.
Yes	After completion of 5 days of antibiotic therapy.	Yes	Vaccine available. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Report suspected cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
Pinworms	Variable, may be as long as 3-6 weeks	Perianal itching.
Ringworm of the Body	4-10 days	Slowly spreading, flat, scaly, ring-shaped spots on skin. The margins may be reddish and slightly raised.
Ringworm of the Scalp	10-21 days	Slowly spreading, balding patches on scalp with broken-off hairs.
Rubella (German measles)	14-21 days	Cold-like symptoms, swollen tender glands at back of neck. Changeable pink rash on face and chest.
Salmonellosis	1-3 days	Sudden onset of fever, abdominal pain, diarrhea, sometimes vomiting.
Scabies	First infection: 1 month Repeat infection: 2-5 days	Small, raised, red bumps or blisters on skin with severe itching.
Shigellosis	1-7 days	Sudden onset of fever, vomiting, and diarrhea.
Streptococcal Sore Throat and Scarlet Fever	1-3 days	Fever, sore throat, often with enlarged, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat.
Tuberculosis, Pulmonary	4-12 weeks	Gradual onset, tiredness, loss of appetite, slight fever, failure to gain weight, cough.

EXCLUDE FROM ATTENDANCE [1]	READMISSION CRITERIA [2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT [4]
No		No	Treatment is recommended. Teach importance of handwashing.
No		No	Treatment is recommended. Keep lesions covered while in school.
Yes	When treatment has begun.	No	Teach importance of not sharing combs, hats, and coats.
Yes	After 7 days from rash onset. In an outbreak unimmunized children should be excluded for at least 3 weeks after last rash onset occurs.	Yes	Vaccine available. Report suspected cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Yes	When diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
Yes	When treatment has begun.	No	Careful examination of close contacts required to identify early infection. Household members should be treated prophylactically.
Yes	When diarrhea and fever subside.	Yes	Teach importance of handwashing. Can spread quickly in child-care facilities.
Yes	After 24 hours from time antibiotic treatment was begun and fever has subsided.	No	Teach importance of covering mouth when coughing or sneezing.
Yes	After antibiotic treatment has begun, AND a physician's certificate or health permit obtained.	Yes	All classroom contacts should have TB skin tests. Antibiotic prophylaxis indicated for newly positive reactors.

[1] The major criterion for exclusion from attendance is the probability of spread from person to person. A child may have a nonexcludable illness yet require care at home or in a hospital.

[2] Children excluded from a school or child-care facility for a communicable disease may be readmitted by any of the following methods:
(A) A written certificate from a physician
(B) A permit issued by the local health authority
(C) Fulfilling criteria listed under "Readmission Criteria"

[3] A school or child-care facility administrator may require a note from a parent or physician for readmission regardless of the reason for the absence.

[4] **Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.**

Adopted by the Texas Department of Health pursuant to 25 TAC 97.6. Effective on September 1, 1987.

BASIC INFORMATION ABOUT HIV DISEASE

What Is the Immune System?

The immune system is composed of specialized white blood cells called lymphocytes. There are several kinds of white cells such as helper T cells, killer T cells, suppressor T cells, and B cells which have different functions. There are even memory T and B cells which remember a particular germ after an infection is over and launch a rapid attack should the same germ enter the body again.

The total number of white cells in the human body is about one trillion. Although functionally different, white cells work together to defend the body against any foreign invader, from pollen on a flower to the many disease-causing agents in the environment. When a germ (bacteria or virus) enters the body, the white cells mount a coordinated attack. Some white cells such as helper T cells recognize the chemical properties of a foreign particle and signal other white cells to make antibodies against the pathogen. Other white cells only operate to stop the attack. This internal defense process is called the immune response.

In a healthy individual, the immune response operates until the germ is destroyed. However, in individuals with weakened immune systems, an invading germ can cause disease because the immune system is too weak to destroy the germ. **See Appendix I, Transparency 1.**

What Happens When a Person Gets a Cold?

When a cold virus enters the body, for example through the nose, the virus is recognized by special white cells as foreign and unfriendly. The person develops symptoms such as sneezing, runny nose, fever, and swollen glands. These are signs that the immune system is fighting the cold virus.

After several days, the immune system destroys the cold virus and also manufactures specific memory white cells that will remember that particular cold virus should the person come into contact with it again.

What Happens When HIV Gets in the Body?

HIV, like other viruses, must live inside a cell to reproduce. It cannot multiply outside of a cell. Unfortunately, HIV, the virus that causes the disease AIDS, chooses certain white cells in our immune system in which to live. As a result, the virus slowly destroys the immune system, and the body's capacity to defend itself against disease is severely weakened.

HIV lives primarily in helper T cells which are responsible for not only recognizing and identifying foreign particles but signal the particular T and B cells that only respond to that particular germ. When the helper T cells are slowly destroyed by HIV, the body's ability to recognize, identify, and attack germs is lessened. **See Appendix I, Transparency 2.**

It can take many years before HIV damages the immune system. During this time, the infected person can look and feel healthy. **See Appendix I, Transparencies 3 and 4.**

What About Other Infections?

When a person has a healthy immune system, many diseases are never encountered because the immune system protects against them. When a person's immune system is damaged because of AIDS, the body's capacity to protect itself is also damaged, and the person can get opportunistic infections. These are diseases caused by germs that are always in the environment but controlled by healthy immune systems. That is, these germs take advantage of the opportunity presented when the immune system is unhealthy; they cause disease, even death.

People with AIDS die from opportunistic infections such as PCP, a type of pneumonia that does not normally develop in people with healthy immune systems.

HIV: Get the Answers

What Is HIV?

HIV is a virus that causes the disease called AIDS. **See Appendix I, Transparencies 5 and 6.** HIV damages the body's immune system, especially white cells called T cells. Since the immune system protects the body from disease, people who are HIV infected or HIV positive are more susceptible to disease.

HIV is not AIDS. People who are HIV positive can exhibit various symptoms or remain completely healthy, but they can transmit the virus to others at any stage.

What Is AIDS?

AIDS is the stage when various symptoms appear because the immune system (T cell count) is so damaged that the body cannot adequately protect itself from certain diseases. An additional component of the definition of AIDS was recently included by the Centers for Disease Control in Atlanta. The newest definition of AIDS includes a person with a T cell count of less than 200.

The time period between infection with HIV and the appearance of symptoms signaling the onset of clinical AIDS is about 10 years. During this time, a person may feel and look healthy, but they are capable of transmitting the virus. **See Appendix I, Transparency 7.** They can pass the virus to their sex partner or to a person with whom they share a needle. An infected mother can also pass the virus to her unborn child.

Is There a Cure or Treatment?

No cure for HIV or AIDS exists, and the current level of understanding of the disease suggests that an HIV-positive person will eventually develop AIDS. However, treatments with such drugs as AZT slows the growth of the virus and helps to keep the immune system healthy for a longer time.

How Do People Get HIV?

HIV lives in blood, semen, and vaginal fluid. If infected fluid is exchanged or mixed with the fluid from an uninfected individual, both individuals will then carry the virus. HIV is passed from one individual to another in the following ways:

- Having sexual intercourse (anal, vaginal, or oral) can transmit the virus. Anal intercourse is the most risky form of intercourse due to the unavoidable rupture of small blood vessels in the rectum during intercourse. This sexual practice, whether heterosexual or homosexual, increases the possibility of fluid exchange and the risk of HIV infection.
- Sharing needles for drug use is another common way to become infected with HIV. Blood may be left in the needle and, if infected with HIV, can be passed on to another person who is using the same needle. HIV can be mixed with another person's blood through needles used to inject steroids or by needles used for tattoos or piercing.
- The HIV virus may be transmitted from a mother to her unborn child through the placenta in her womb. The baby can also be infected with HIV during the birth process.

- Before 1985 in the United States, HIV-infected blood could mix with a person's blood through blood transfusions. People with hemophilia, an inherited blood disorder, were in the greatest danger of becoming infected with HIV during this period. Since 1985, the nation's blood supply has been tested for HIV, and the chance of infection through blood transfusion is now small.

Understanding how HIV is transmitted is important. However, of equal importance is understanding how HIV is not transmitted. HIV is not transmitted by donating blood. A sterile needle is used each time blood is drawn, and the used needle is destroyed. Not one case has been documented of HIV being spread by casual contact such as hugging, shaking hands, kissing, and sharing food. HIV is not spread by telephones, toilet seats, saliva, urine, feces, and sweat. HIV is not spread by animals and insects. It does not travel in the air. In fact, the virus is so fragile that exposure to air kills it. The virus must get into the blood stream to infect a person, and it gets there primarily through sexual activity and sharing needles. **See Appendix I, Transparencies 8, 9, and 10.**

Who Is at Risk?

A person's behavior is what puts him or her at risk for contracting HIV. It's what a person does that is important rather than who the person is. A person is at greatest risk if he or she has had sex or shared needles with an HIV-infected person.

A person is at greatest risk if:
- the person has ever had sexual intercourse (anal, vaginal, or oral; heterosexual or homosexual) with an injection drug user, a man who has had sex with another man, someone with hemophilia, someone who had a blood transfusion before 1985, or a person whose sexual history included indiscriminate sex with multiple partners
- the person has shared needles for injection drug use or tattooing
- the person is a heterosexual or homosexual sex partner of someone who has HIV or someone at risk for HIV infection; the person has had sex with an at-risk individual since 1978
- the person received a blood transfusion between 1978 and 1985
- the person has ever been sexually assaulted
- the person has ever had a sexually transmitted disease

In addition, babies are at risk for HIV if their mothers were HIV infected.

How Is HIV Prevented?

Ways persons may reduce the risk of HIV infection include the following:

- The surest way for a person to avoid HIV infection is to not have sex. It is also safe for a person to have sex with a lifelong partner whose sexual history is known to him or her and who is free of HIV infection.
- Using a latex condom and a water-based lubricant when having vaginal or anal sex will reduce HIV risk. The use of a condom when engaging in oral sex will also reduce risk. Since a condom can break or leak, some risk of infection remains.
- The spermicide nonoxynol-9 can kill the HIV virus. Using nonoxynol-9 with a condom can add extra protection.
- The use of a dental dam or a latex condom cut and rolled out flat should be used for oral sex on a woman. This will keep vaginal fluid from entering the man's mouth.
- A condom should always be used for oral sex on a man.
- Stopping the use of drugs reduces the risk of HIV infection. If people continue to inject drugs, they should not share needles. If they do share, they should wash the apparatus at least twice with bleach and water before and after each use. **See Appendix I, Transparency 11.**

What Are the Symptoms of HIV Infection?

Several years may pass before an HIV-infected person shows symptoms. Some people never develop any symptoms until they actually have AIDS. As few as a couple of months or as many as 10 years may pass from the time of infection until the onset of symptoms. However, a person should see a doctor and inquire about HIV testing if any of the following symptoms persist:

- unexplained weight loss of more than 10 pounds
- a fever that will not go away and/or drenching night sweats
- unexplained tiredness
- diarrhea
- persistently swollen glands in the neck, armpits, or groin
- unexplained dry cough or white spots on the tongue or in the mouth

HIV: the Antibody Test

What Is the HIV Antibody Test?

When a person is infected with HIV, the immune system produces antibodies, chemical substances that attack specific pathogens. In the case of HIV, the HIV antibodies search for and attempt to destroy HIV virus. The most common tests for the HIV virus are blood tests that look for HIV antibodies. These particular tests do not look for the virus itself.

If HIV antibodies are detected in a person's blood and confirmed with another test, then the person is said to be infected with HIV or to be HIV positive. If no antibodies are found, then the person is said to be HIV negative. The following are two kinds of antibody tests:

- The ELISA test can detect HIV antibodies manufactured by the body in response to HIV.
- The Western Blot test is used to double-check or confirm blood samples that the ELISA test shows to be positive. A positive Western Blot test is confirmation that a person is infected with HIV.

What Happens When a Person Takes the Test?

Before blood is taken from the arm, a counselor should explain the advantages and disadvantages of HIV testing. After the test, the blood is sent to a testing lab. The test results take about two weeks.

Will Test Results Be Confidential?

In terms of test reporting, confidentiality differs somewhat from state to state. However, two test reporting procedures are common. One is called *anonymous* testing. When a person takes an anonymous test, he or she is given either a code name or number. The person's name, address, and social security number cannot be traced. The person tested will be the only one who will know the test result. Anonymous testing protects a person against discrimination from anyone who knows the test result. Most areas have free anonymous testing and counseling. Another kind of test reporting is called *confidential.* The test result will be told only to the person tested, but it can be placed in the person's medical file. **See Appendix I, Transparency 12.**

What Does a Negative Test Result Mean?

A negative test means that no HIV antibodies were found in the blood at this time. However, since it can take the body up to six months after infection to manufacture antibodies, it is possible that a person is infected with HIV although the test did not detect antibodies.

If a person had sex without a condom or shared needles in the six months prior to the test, a counselor may suggest getting tested again. Until the next test, the person should not do anything that would put him or her at risk for HIV infection. **See Appendix I, Transparency 13.**

What Does a Positive Test Result Mean?

A positive test means HIV antibodies have been found in the blood. This means the person can pass the virus to others during anal, vaginal, and oral sex. Sharing needles can also transmit the virus.

Positive tests are confirmed by two blood tests and are almost 100 percent accurate. If a person tests HIV positive, early medical treatment can slow the progress of the disease. **See Appendix I, Transparency 13.**

Why Should a Person Take the Test?

HIV testing can cause emotional, social, and legal problems. Therefore, most test centers give counseling before and after the test to help the person work through concerns. One concern might be the reasons to take the test. There are several:

- Early medical treatment slows the progress of the disease and allows people to live longer.
- An HIV-positive person learns how to keep the immune system strong.
- Testing reduces anxiety and may help the person alter his or her life-style to improve the quality of life, whether the test is negative or positive.
- If the person is pregnant or considering getting pregnant, testing can help the person learn about the risk of transmitting the virus to her baby.
- The person will learn how to protect himself or herself and others from HIV infection.

Who Should Consider Testing?

Individuals may want to consider testing if they have been at risk for HIV infection. Persons are at risk if:
- They have shared needles for injection drug use or tattooing.
- They are heterosexual or homosexual sex partners of persons who have HIV or who are at risk for HIV infection. They are also at risk if they have had sex with at-risk individuals since 1978.
- They are at risk if they received a blood transfusion between 1978 and 1985.
- They have ever been sexually assaulted.
- They have ever had a sexually transmitted disease.

In addition, babies are at risk for HIV if their mothers were HIV infected.

Where Can a Person Get Tested?

HIV testing is done at public health clinics, AIDS agencies, hospitals, doctors' offices, and other locations. The cost ranges from free to expensive.

If a person considers taking a test, he or she should call various test sites and check on whether the test is anonymous or confidential, how results are verified and recorded, the cost, and if counseling is available.

For additional information about HIV antibody testing, the state or local health department or AIDS agency may be contacted.

HIV: What If the Person Is Positive?

Will He or She Get AIDS?

Current medical information cannot tell us if an HIV-positive person will develop AIDS or when he or she will develop symptoms of AIDS. The average length of time between initial infection with HIV and the development of clinical symptoms of AIDS is about 10 years.

With early medical treatment, an HIV-positive person can reduce the progress of the virus and live a longer, healthier life.

What About Treatment?

It is important to locate a physician who has experience working with HIV-positive people. This type of doctor will probably know more about current treatments.

Some treatments such as AZT fight the spread of HIV, while other treatments are used to control infections or the side effects from medication. The earlier a person finds out about the range of treatments available, the better the chances of keeping the immune system healthy.

What About Sex?

An HIV-positive person can pass the virus to another person and can be re-infected with HIV by a partner who is also HIV positive. Becoming re-infected is serious as the probability of developing symptoms increases as more viral particles enter the body.

Safer sex practices are encouraged, especially the use of a latex condom with nonoxynol-9 spermicide. Questions related to safer sex can be obtained from a test site counselor or from a local AIDS agency.

What About Other Protection?

Except for engaging in unprotected sex and sharing needles, a person stands little chance of infecting other people through casual contact.

For Women

An HIV positive woman who is pregnant or considering becoming pregnant should understand the risk involved. HIV can be passed to the unborn child through the placenta during pregnancy or during the birth process. About 30 percent of HIV-positive mothers give birth to babies who will develop HIV.

Why Is There an Urgent Need for Effective HIV Education?

An abundance of facts and statistics related to the HIV/AIDS epidemic is available. However, for educators to fully appreciate the absolute urgency of implementing effective HIV programs, three areas of particular significance must be understood:

- the natural history or course of HIV/AIDS
- the age distribution of AIDS cases in the United States and Texas
- the sexual behavior of students

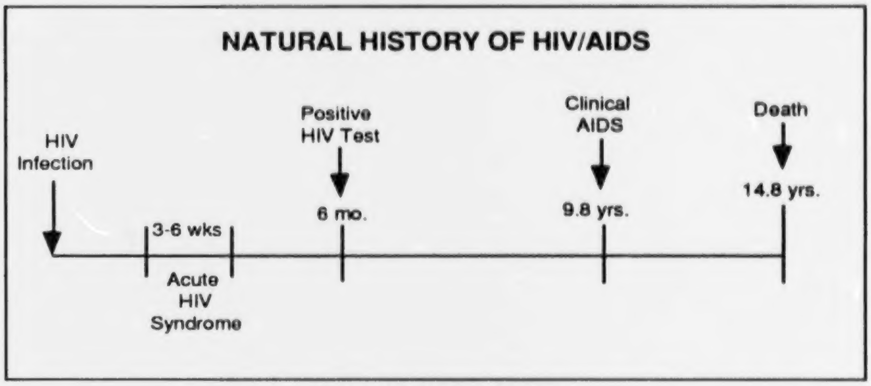
Figure 2 illustrates the natural course or history of HIV/AIDS. After a person is infected with HIV, flu-like symptoms appear in about 20-40 percent of cases, then disappear. This symptomatic and highly contagious period usually occurs between zero and six months, with the average being three to six weeks.

Thus from 60-80 percent of infected individuals exhibit no symptoms. After initial infection, a variable time period follows in which a person is asymptomatic. The HIV-infected person at this stage looks and feels normal but can transmit the virus to others. The asymptomatic stage ranges from 5-15 years. The average length of time before symptoms appear is 9.8 years. There is, therefore, a long time frame between initial infection and the clinical symptomatology of clinical AIDS. Clinical AIDS is the final stage of HIV disease and is associated with the appearance of at least one of 21 identifiable conditions and/or a T cell count less than 200. **See Figure 3.**

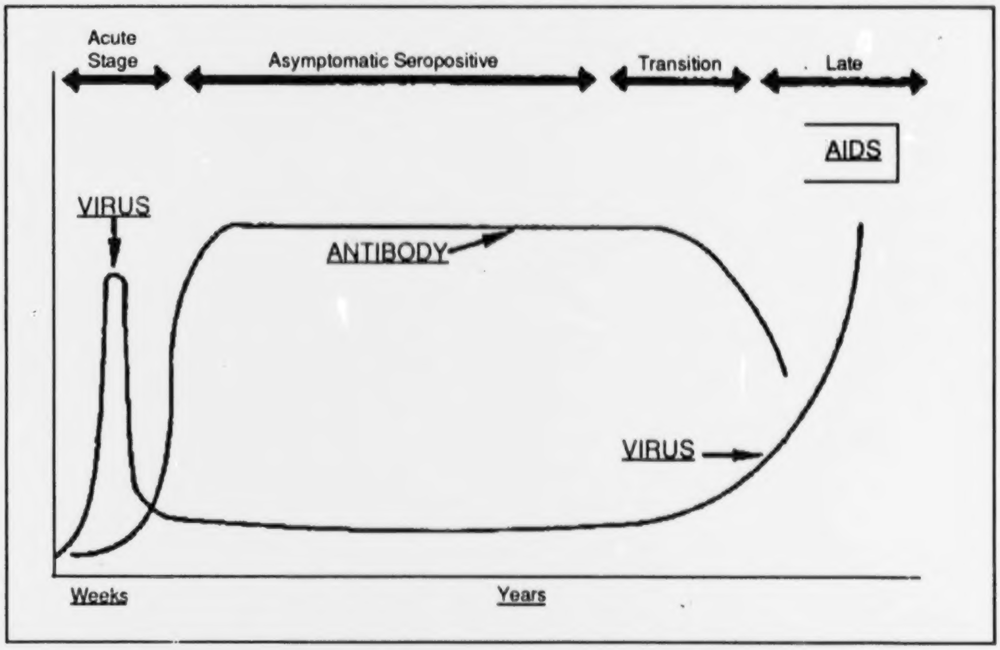
The long incubation period has been partially responsible for the erroneous sense of invulnerability among young people and the false sense of security perceived by some public school personnel. For example, because of relatively few cases of AIDS in the 10-19 age category, a false perception is that the disease does not pose a threat for school-age individuals. However, when the long incubation period is considered together with the large number of AIDS cases in the 20-29 age category (25 percent nationally and 25 percent in Texas), it becomes frighteningly clear that many of these people were infected during their teen years. Reported HIV cases as of 1991 indicate that 40 percent of all cases of HIV are in the 20-29 age group.

When the course of HIV disease and the age distribution of AIDS cases are then viewed within the context of high school sexual behaviors, the need for immediate action is apparent. **Figure 4** illustrates the sexual behavior of high school students in the US. **Figure 5** reports the percent of high school students who have had sexual intercourse in Texas.

Federal guidelines for HIV education directs educators to encourage students to abstain from sexual intercourse until they are ready to establish mutually monogamous relationships within the context of marriage. However, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, HIV education programs that address preventive types of behavior are critically needed. The statistical rationale is predicated, in part, by the large percentage of Texas high school seniors who engage in unprotected sexual intercourse. **See Figure 6.**


NATURAL HISTORY OF HIV/AIDS
HIV Infection
3-6 wks
Acute HIV Syndrome
Positive HIV Test
6 mo.
Clinical AIDS
9.8 yrs.
Death
14.8 yrs.

Centers for Disease Control
Figure 2



The course of disease from HIV infection to AIDS. Source: Courtesy of David Baltimore, Whitehead Institute for Biomedical Research, Cambridge, Massachusetts.
Figure 3

	Ever had sexual intercourse					
	Female		Male		Total	
	%	(95% CI)	%	(95%CI)	%	(95% CI)
Race/Ethnicity						
White	47.0	(± 2.4)	56.4	(± 4.5)	51.6	(± 2.9)
Black	60.0	(± 5.4)	87.8	(± 2.4)	72.3	(± 3.7)
Hispanic	45.0	(± 5.5)	63.0	(± 5.5)	53.4	(± 4.7)
Grade						
9th	31.9	(± 4.1)	48.7	(± 5.7)	39.6	(± 4.5)
10th	42.9	(± 5.5)	52.5	(± 6.9)	47.6	(± 4.9)
11th	52.7	(± 5.7)	62.6	(± 6.3)	57.3	(± 5.5)
12th	66.6	(± 3.9)	76.3	(± 4.1)	71.9	(± 3.1)
Total	48.0	(± 2.7)	60.8	(± 4.3)	54.2	(± 2.9)

Percentage of high school students reporting having had sexual intercourse, by sex, race/ethnicity, and grade—United States. Youth Risk Behavior Survey, 1990.

Figure 4

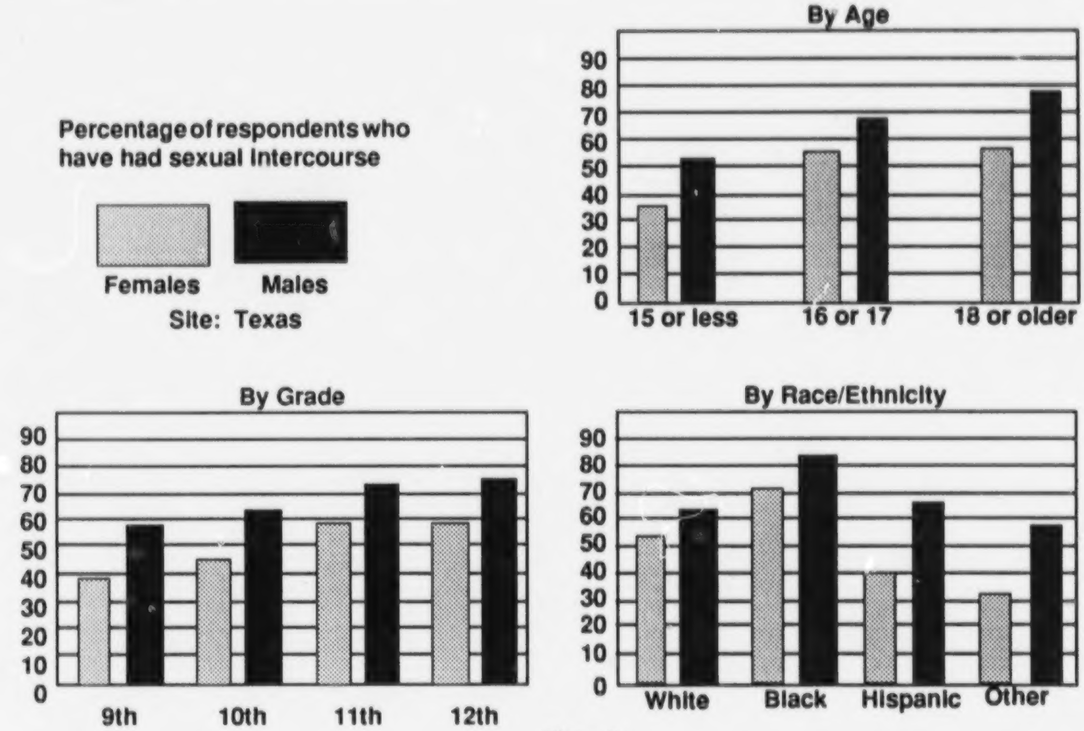


Figure 5

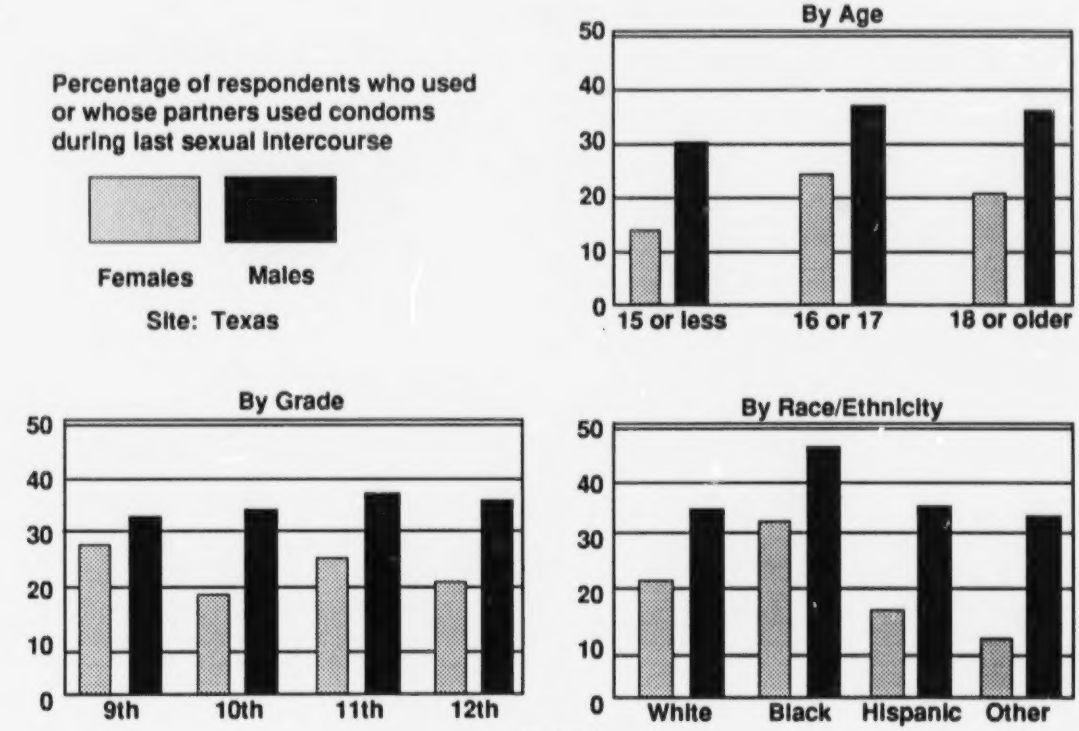


Figure 6
Youth Risk & Behavior Survey, 1990

Questions and Answers
From the Texas Department of Health

Do mosquitoes pass the AIDS virus?

No. Research teaches us that the AIDS virus does NOT get into the salivary glands of the mosquito; therefore, it is not passed through biting the way other diseases such as malaria or encephalitis can be. Practical experience also teaches us that mosquitoes don't pass the virus. People who spend a lot of time outside and are frequently bitten by mosquitoes are young children and retired adults. These people are not getting infected with HIV.

Will I get HIV from French (deep) kissing?

No. HIV is not passed by saliva. HIV is passed by infected blood from one person getting into the blood stream of another person. If blood is in the mouth, it is best not to kiss.

Will I get HIV from donating blood?

No. Blood centers use new equipment for each person who gives blood. No equipment is shared.

If a woman is pregnant, will she pass HIV to her baby?

Approximately 30% of women infected with HIV will pass the virus on to their babies. It is not known yet exactly how HIV is passed or why ALL babies are not infected.

Are condoms effective in preventing HIV from being passed from one person to another?

The 100% effective way to NOT become infected with HIV is to avoid having anal, vaginal, or oral sex with someone who has HIV and to not share drugs, steroids, or other needles. If someone chooses to have sex with another person and both are not absolutely sure that they are NOT infected, a condom is very important to use. Next to postponing sex, this is the most responsible action a couple can take.

Research on condoms over the past 30 years indicates that using them properly will provide about 90% effectiveness in preventing pregnancy. Latex will not let the AIDS virus pass through. When condoms fail, it is most often because the people using the condoms do not use them properly. Condoms made in the U.S. must meet strict standards of quality. Latex condoms with lubrication used with a spermicide (nonoxynol-9) will provide protection from HIV, other STDs, and pregnancy.

What does an AIDS test mean?

The test is not actually for AIDS. It is a blood test that looks for antibodies to HIV. If the antibodies are found, the person has the virus in his or her blood. People can live for many years with HIV in their blood and may not become ill with AIDS.

When a person becomes infected, can he or she pass the virus on to someone else right away?

Yes. Even if a person has no symptoms of being infected or ill, the virus can be passed through anal, vaginal, and possibly oral sex and through sharing drug or steroid needles and possibly tattoo or ear-piercing needles. Blood buddy rituals are also risky.

How soon will the antibodies show up on the test?

All people develop antibodies at different rates. Most people will have antibodies in their blood within three months of becoming infected. If the test is done before that, it will need to be repeated if it is negative. Condoms are important to use anytime someone has a question about possibly being infected with HIV. By six months after infection, almost all people will show antibodies to the virus.

How long can a person have HIV in the blood and still be healthy?

It may take 10 years or longer for a person to begin having symptoms of HIV disease. Some people who choose healthy life-styles and learn how to manage stress may never develop symptoms of illness due to HIV.

Can someone get HIV only once or can you get it from many different people?

The AIDS virus has one general structure which makes it specific to HIV. We can use the image of car keys. A Porsche key has a different shape from a Chevy key. Yet each Porsche key has different bumps on it that allow it to start only one specific car. The same is true for each Chevy car key.

HIV has a shape that makes it different from other viruses such as hepatitis. Yet each HIV has different bumps on it that make it specific for each person. This is why developing a vaccine is so difficult. There are tiny yet important differences in each person's virus.

This means that if a person is infected with HIV from more than one person, each virus will be ever so slightly different. Each infection will cause more stress on the immune system as the body tries to cope with this new invasion of a slightly differently shaped virus.

What if a student in my class has AIDS or HIV?

A person who is infected with HIV is not a threat to your health. The virus is only passed by behaviors such as sex and sharing needles. It is not passed by behaviors found in a classroom.

What if a friend has a bloody nose or is bleeding?

We now know that blood can pass a number of serious illnesses (HIV, hepatitis, meningitis, rubella, etc.). However, simply by looking at someone we cannot know who is infected. It is wise to have the person who is bleeding put pressure on the wound if she or he is able. If this is not possible, you can help someone who is bleeding by putting pressure on the wound using a barrier such as clothing, plastic, wads of paper, etc., between your hands and the blood. If your hands do not have any open cuts, the virus, if present in the blood, will NOT penetrate your skin. If you do have an open cut, special care should be taken to prevent contact with someone else's blood.

Will HIV be passed between athletes who collide during sports activities?

No cases have been documented of this ever happening. Reasons why passing the virus this way is extremely unlikely include the following:

- When an injury occurs, the body instantly triggers a flow of blood and lymph fluid OUT of the body to cleanse the wound. The bodies of both injured athletes would thus be flushing fluid out— not accepting fluid into the body.

- When athletes collide, they immediately fall away from each other. The contact lasts only a fraction of a second.
- We can assume that Magic Johnson is not the only athlete who has HIV in his body. Other athletes have undoubtedly been infected in the past 10 years and may or may not have known it. Collisions and injuries have always occurred in athletics, yet there are no cases of HIV being passed in this way.

Where did HIV come from?

We do not know exactly how HIV developed. Theories exist but no facts clearly answer this question at this time. However, we DO know lots about the virus and how to prevent it. If we spend time and energy in discussing the origin of HIV, it takes away valuable time from educating ourselves about prevention.

Will everyone die who gets HIV and AIDS?

People are living longer and longer with HIV infection. A few people who became ill with AIDS have overcome the life-threatening illness and regained their health. How long they will remain healthy is unknown. Time will tell.

The vast majority of people infected with HIV eventually become ill and die. HIV can be prevented by choosing healthy behaviors. Education and prevention are the surest ways to avoid this catastrophic illness.

What is the pyramid effect?

The pyramid effect describes how a person subjects himself or herself to a multiplier effect with each additional sexual partner.

How did the dentist in Florida infect five of his patients?

After a two-year investigation by the Centers for Disease Control (CDC), health officials cannot say exactly how this dentist infected these patients. Tests showed the viruses of the patients closely matched that of the dentist. The office procedures for sterilization of equipment were poor. The dentist did not follow universal precautions. The most likely explanation is that he injured himself and got blood into patient's wounds. AIDS-related nerve damage and fatigue may have made accidents more likely. This Florida case remains unique. The CDC has studies of 15,795 patients treated by 32 other infected health providers. No other cases of transmission in the worksite have been uncovered.

Should I be alarmed about the risk of infection from my doctor or dentist?

The risk of infection from an infected doctor during surgery is one in 21 million for every hour of the operation. Former Surgeon General C. Everett Koop describes the risk as "so remote that it may never be measured." Texas law now requires health providers to use masks, latex gloves, and eye protection if they are doing procedures that might involve risk of transmission. This means we should expect our dentists and hygienists to use these protections.

Wouldn't HIV testing of health care providers protect me?

A negative HIV test would mean that this provider did not show antibodies at the time of the test. If the provider has engaged in any risky behaviors since the test, he or she might be infected at the moment of your visit. A test result taped to the wall will not protect us from transmission. Following universal precautions will.

Implementing the *ESR III* Curriculum Guide

Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases is a curriculum guide that allows teachers to incorporate important concepts about the prevention of HIV into existing subjects and courses. Texas teachers, school counselors, nurses, administrators, and other community health professionals provided valuable input into the development of the guide. The urgent challenges created by the life-threatening nature of HIV disease dictate that HIV education become an integral part of basic education. Such education will help children and adolescents to develop self-responsibility for their own personal *health* and *wellness*.

The *ESR III* guide contains four volumes of sample lesson plans and instructional activities, for prekindergarten through Grade 12, which are integrated across numerous content areas. The lesson plans and activities are correlated with the essential elements of instruction required by Title 19, Chapter 75, Texas Administrative Code (State Board of Education rules for curriculum). The broad range of topics related to communicable diseases, including HIV, provides the teacher with opportunities to select and adapt the lessons into planned course work as well as to expand and extend the instruction to include other appropriate essential elements.

The *ESR III* guide was designed for use by the regular classroom teacher and other instructional staff members within the school. Persons other than the school's instructional staff such as counselors and medical personnel should serve only in the role of guest speakers and resource persons, not as the teacher or instructional leader.

ESR III GOALS AND OBJECTIVES

The primary goal of HIV education is to prevent the spread of HIV infection. The goals for *ESR III* include:
- increasing the number of schools offering effective HIV education
- encouraging Texas students to make healthy, behavioral choices to prevent infection of communicable diseases, including HIV

The *ESR III* objectives are to help students in:
- learning the facts
- understanding the consequences
- taking action

These objectives translate into student outcomes which include:
- recognizing the facts related to communicable diseases including HIV/AIDS and other sexually transmitted diseases (STDs)
- comprehending the individual and group consequences of these diseases
- learning and practicing behaviors to ensure prevention and total wellness

ESR III SCOPE AND SEQUENCE

The scope and sequence chart on pages 00-00 allows the user to see at a glance the overall objectives of the *ESR III* curriculum for prekindergarten through Grade 12. Dots on the chart indicate the appropriate grade levels for implementing each of the objectives.

ESR III: Prevention of HIV/AIDS
Scope and Sequence

I. Major Objective: Learning the Facts

	PK	K	1	2	3	4	5	6	7	8	HS
A. What are communicable diseases, including HIV/AIDS?											
1. Recognize some communicable diseases.	•	•	•	•	•						
2. Name some communicable and noncommunicable diseases.	•	•	•	•	•						
3. Identify differences between some communicable and noncommunicable diseases.						•	•				
4. Describe HIV/AIDS.						•	•	•	•	•	•
5. Differentiate between communicable and noncommunicable diseases.								•	•	•	•
6. Research and examine the history of communicable diseases, including HIV/AIDS.								•	•	•	•
B. What do students need to know about communicable diseases including HIV/AIDS?											
1. Recognize methods of preventing, treating, and controlling some communicable diseases.	•	•	•	•	•						
2. Recognize the risk of contracting communicable diseases in some behaviors and situations.	•	•	•	•	•						
3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.	•	•	•	•	•						
4. Describe methods of transmission of some communicable diseases.	•	•	•	•	•						
5. Dispel myths and misinformation concerning some communicable diseases.	•	•	•	•	•						
6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.	•	•	•	•	•						
7. Identify healthy ways to encourage and demonstrate compassion for persons with special needs.	•	•	•	•	•						
8. Describe symptoms of some communicable diseases.	•	•	•	•	•	•	•				
9. Dispel myths and misinformation concerning HIV/AIDS.						•	•				
10. Describe methods of transmission of communicable diseases and of HIV infection.						•	•	•	•	•	•
11. Describe the methods of preventing, treating, and controlling diseases.						•	•	•	•	•	•
12. Explain the critical importance of preventing HIV infection.						•	•	•	•	•	•

I. Major Objective: Learning the Facts (continued)

	PK	K	1	2	3	4	5	6	7	8	HS
13. Examine the roles of contaminated needles and of blood in the transmission of HIV.						•	•	•	•	•	•
14. Examine issues of confidentiality and public reaction relative to HIV-infected persons.						•	•	•	•	•	•
15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behaviors.						•	•	•	•	•	•
16. Identify self-esteem and personal skills as factors in making decisions about behaviors.						•	•	•	•	•	•
17. Identify healthy ways to encourage and demonstrate sensitivity for persons with special needs, including PLWAs.						•	•	•	•	•	•
18. Describe symptoms of HIV infection and AIDS; identify testing procedures.								•	•	•	•
19. Describe the risk potential for HIV infection in specific behaviors and situations.								•	•	•	•
20. Describe the means through which HIV infection via sexual activity can be reduced.								•	•	•	•
21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.								•	•	•	•
C. Where can students go for information about communicable diseases, including HIV/AIDS? 1. Identify persons including family members who can help with information on diseases.	•	•	•	•	•						
2. Identify persons including family members who can help with information on communicable diseases, including HIV/AIDS.						•	•	•	•	•	•
3. Identify community professionals, programs, and resources.								•	•	•	•
4. Identify and use local and national hotlines.								•	•	•	•

II. Major Objective: Understanding the Consequences

	PK	K	1	2	3	4	5	6	7	8	HS
A. What happens to HIV-infected persons and friends/families?											
1. Recognize feelings and behaviors experienced by persons as a result of diseases.	●	●	●	●	●						
2. Examine the consequences of risky behaviors.	●	●	●	●	●						
3. Examine feelings and behaviors experienced by persons as a result of diseases.						●	●				
4. Describe the personal challenges experienced by PLWAs, their families, and others.						●	●	●	●	●	●
5. Explain the physical effects of HIV and AIDS.						●	●	●	●	●	●
6. Examine and predict the consequences of risky behaviors.						●	●	●	●	●	●
7. Explain and analyze differences between HIV infection and AIDS.						●	●	●	●	●	●
8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.								●	●	●	●
9. Discuss and predict the social, legal, and economic effects on infected individuals.								●	●	●	●
10. Identify and evaluate ways to cope with illness/death.								●	●	●	●
B. What is occurring in the public sector as a consequence of HIV/AIDS?											
1. Recognize the need for school policies and procedures regarding injuries, illness, and diseases.	●	●	●	●	●						
2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.	●	●	●	●	●						
3. Describe school policies and procedures regarding injuries, illness, and diseases.						●	●				
4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.						●	●				
5. Discuss the statistical data available on HIV/AIDS.								●	●	●	●
6. Identify and analyze geographical patterns in the incidence of HIV/AIDS.								●	●	●	●
7. Identify and analyze media coverage of HIV/AIDS.								●	●	●	●
8. Identify, describe, and critique education efforts in the prevention of HIV infection.								●	●	●	●
9. Examine and critique school policies and procedures regarding HIV/AIDS.								●	●	●	●
10. Examine the roles and contributions of scientists and health professionals in the treatment and control of HIV/AIDS.								●	●	●	●
11. Recognize and analyze the political, ethical, and economic implications of HIV/AIDS.								●	●	●	●
12. Analyze the statistical data available on HIV/AIDS.											●

III. Major Objective: Taking Action

	PK	K	1	2	3	4	5	6	7	8	HS
A. How can students promote and enhance their own wellness?											
1. Access factual information on some communicable diseases.	•	•	•	•	•	•	•				
2. Identify and practice personal safety and good health habits.	•	•	•	•	•	•	•	•	•	•	•
3. Develop and use skills for coping with change, success, and failure.	•	•	•	•	•	•	•	•	•	•	•
4. Avoid/minimize behaviors that may lead to disease, illness, and injury.	•	•	•	•	•	•	•	•	•	•	•
5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.	•	•	•	•	•	•	•	•	•	•	•
6. Identify valid reasons to practice abstinence.							•	•	•	•	•
7. Access and critique information on communicable diseases, including HIV/AIDS.								•	•	•	•
8. Practice abstinence or, if sexually active, minimize risk factors.											•
B. How can a student develop self-responsibility?											
1. Define and practice self-responsibility in areas of living and wellness appropriate to age.	•	•	•	•	•						
2. Set and pursue appropriate short-term goals.	•	•	•	•	•	•	•				
3. Define self-responsibility and relate it to all areas of living and wellness.						•	•	•	•	•	•
4. Identify, develop, and practice good decision-making skills.	•	•	•	•	•	•	•	•	•	•	•
5. Practice behaviors and activities that enhance self-esteem.	•	•	•	•	•	•	•	•	•	•	•
6. Develop effective study and work skills.	•	•	•	•	•	•	•	•	•	•	•
7. Develop effective communication skills including listening, reading, writing, and speaking.	•	•	•	•	•	•	•	•	•	•	•
8. Gather and critique information to utilize in decision making and problem solving.						•	•	•	•	•	•
9. Set and pursue appropriate short- and long-term goals.								•	•	•	•
C. How can students relate to others in healthy ways?											
1. Develop and practice effective peer skills.	•	•	•	•	•						
2. Demonstrate ways to help others who experience problems.	•	•	•	•	•	•	•				
3. Recognize and value differences and similarities in individuals and families.	•	•	•	•	•	•	•	•	•	•	•
4. Develop and practice effective communication skills.	•	•	•	•	•	•	•	•	•	•	•
5. Develop and practice healthy ways to express thoughts and feelings.	•	•	•	•	•	•	•	•	•	•	•
6. Recognize the importance of accepting personal responsibility for group success.	•	•	•	•	•	•	•	•	•	•	•
7. Develop and practice effective peer skills including assertiveness and negotiating skills.						•	•	•	•	•	•
8. Formulate effective strategies for helping others who experience problems.								•	•	•	•

III. Major Objective: Taking Action (continued)

	PK	K	1	2	3	4	5	6	7	8	HS
D. How can students assist in societal battles against communicable diseases?											
1. Share correct information with peers and family.	●	●	●	●	●						
2. Recognize and demonstrate responsible behavior as a social responsibility.	●	●	●	●	●	●	●	●	●	●	●
3. Identify and share reliable information and appropriate assistance.						●	●	●	●	●	●
4. Communicate with decision makers on local, state, and national levels.								●	●	●	●

ORGANIZATION OF *ESR III*

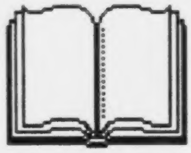
ESR III is divided into four volumes that are designated for prekindergarten-Grade 3, Grades 4-6, Grades 6-8, and Grades 9-12. Each volume stands alone for distribution to appropriate school personnel. Each contains sample age-appropriate lessons along with an introductory section and lists of resources to assist the administrators and teachers of HIV prevention education.

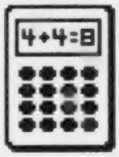
Each of the four grade-level volumes of the *ESR III* curriculum guide is divided into three sections: (1) introductory materials, (2) sample lessons, (3) resources. The introductory material provides an orientation to the nature of HIV disease, its implications for the public schools, and the potential of local communities for attacking the epidemic. The sample lessons are arranged in order of grade, and the suggested subject areas are identified in the upper right-hand corner of each page by an icon. The lessons are designed to be flexible, independent activities. Many of them can be reproduced as handouts, worksheets, and overhead transparencies.

Icons for the subject areas of *ESR III* sample lessons are as follows:

Fine Arts

Health

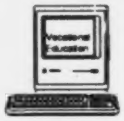

Language Arts



Mathematics

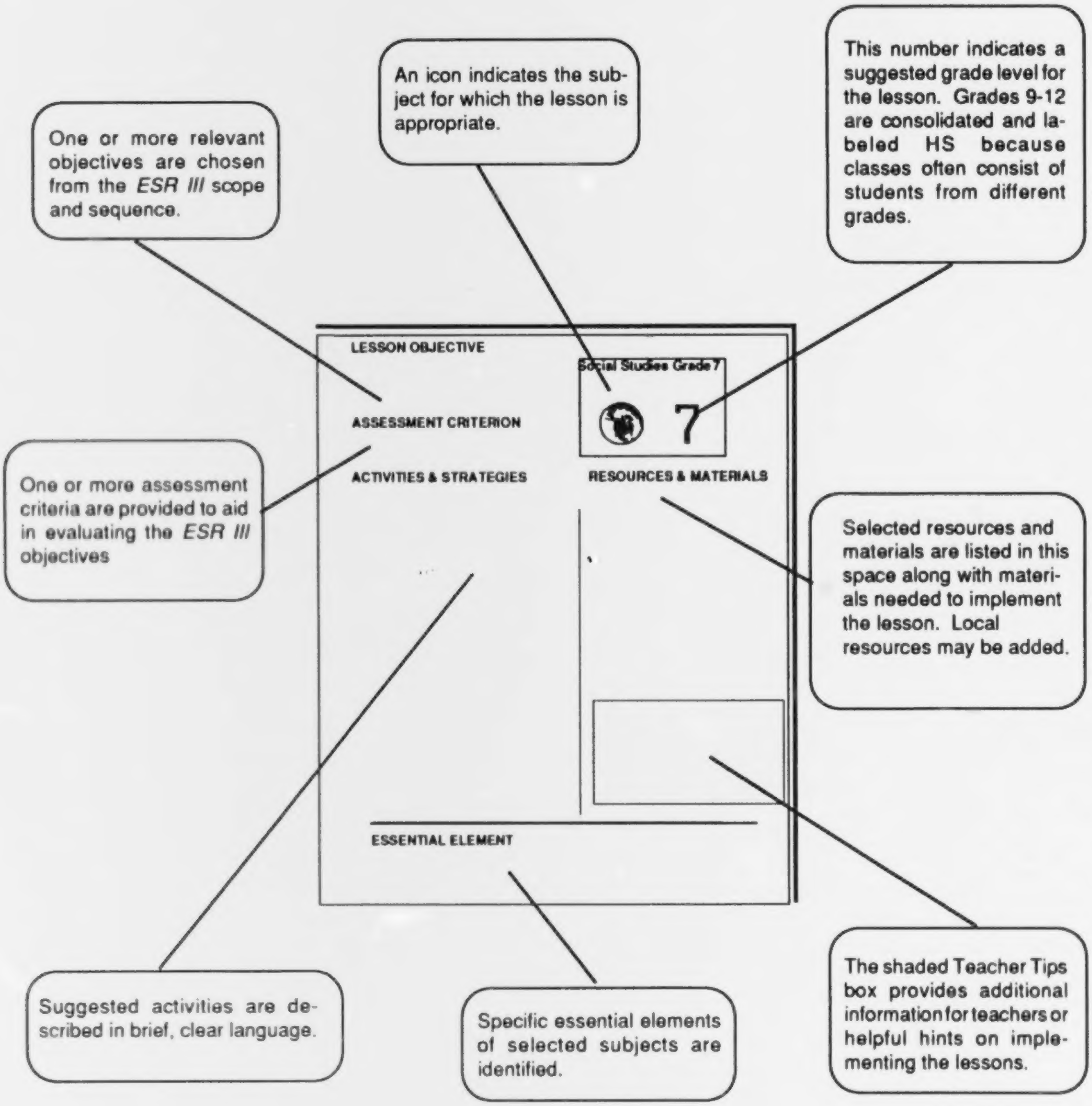
Science

Social Studies



Vocational Education

Using the *ESR III* Sample Lessons


LESSON OBJECTIVE
ASSESSMENT CRITERION
ACTIVITIES & STRATEGIES
Social Studies Grade 7
7
RESOURCES & MATERIALS
ESSENTIAL ELEMENT

One or more relevant objectives are chosen from the *ESR III* scope and sequence.

An icon indicates the subject for which the lesson is appropriate.

This number indicates a suggested grade level for the lesson. Grades 9-12 are consolidated and labeled HS because classes often consist of students from different grades.

One or more assessment criteria are provided to aid in evaluating the *ESR III* objectives

Selected resources and materials are listed in this space along with materials needed to implement the lesson. Local resources may be added.

Suggested activities are described in brief, clear language.

Specific essential elements of selected subjects are identified.

The shaded Teacher Tips box provides additional information for teachers or helpful hints on implementing the lessons.

CLASSROOM STRATEGIES

Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases provides the background information and the classroom activities to encourage Texas students to make behavioral choices that will help prevent infection with HIV and other communicable diseases and that will enhance total wellness. As in other content areas, teachers are encouraged to use processes and procedures that facilitate optimum student learning. Additional classroom strategies specific to *ESR III* are included below to be of assistance to the classroom teacher.

Setting the Climate and Context for Lessons on HIV

A climate in which students and teachers are comfortable discussing HIV and issues related to the disease is critical to promote comprehension and to ensure that questions are asked. A proper climate is characterized by a classroom atmosphere that is open and serious, without frightening students. In addition, teachers need to be available to respond to student questions to the best of their ability. Teachers must also be comfortable in their understanding of what the district administration wants them to teach in the classroom.

Handling HIV Content

Teaching about HIV can be uncomfortable, especially if it is a teacher's first attempt with the material. The following ideas may help to make the initial lesson a little easier:

- Emphasize the issues that will be of most importance to the students. For example, if you teach about virology, the history of the HIV epidemic and similar plagues, be sure to spend time on transmission and prevention issues as well. Remember, the main objective in the curriculum is to teach students to protect themselves from becoming infected with HIV.
- Present the material in a serious fashion — avoid making jokes to ease the tension.
- Use proper names for body parts and sexual and drug abuse behaviors — when everyone learns to use the correct terminology, many of these issues will become easier to discuss.
- Teach HIV content *after* basic child growth, development, and sexuality content has been taught. *ESR III* lessons for younger children do not include sexuality concepts but are age-appropriate lessons on health habits, safety, body privacy, etc.

Establishing Guidelines for Discussion

Set the following guidelines for discussion; give each student a copy of the guidelines or write them on the blackboard:

- Everyone is allowed to express his or her opinion and should be given a chance to do so without being interrupted.
- All points of view are worthy of being recognized. While it is permissible (and even encouraged) to question or disagree with other opinions, it is not permissible to embarrass, degrade, or preach to others.
- People learn by asking questions. NO question is dumb or wrong.
- It is acceptable for students and the teacher to blush, feel embarrassed, or not to know the answers to all the questions.
- Do not refer to specific people by name during discussion.
- Do not ask personal questions of other students or the teacher. Everyone has the right to "pass" on questions they do not wish to answer. The teacher has the same rights as students to choose not to answer any personal questions.
- The personal opinions, values, and experiences shared in the class should be kept confidential. Confidential means that students do not reveal who made the statements. Discussions with parents and students outside the class of the ideas and opinions that were expressed is encouraged. The motto is, "Remember what you heard, forget who said it."

Guiding Student Discussion

Students may be shy or embarrassed about discussing HIV infection at first. However, with a bit of encouragement, especially with a teacher whom they know well and with whom they are comfortable, a fulfilling, educational experience can occur. In fact, if teachers guide the discussion well, they may be relieved of some of the responsibility of having to explain all the issues.

The following suggestions will help teachers guide student discussion:

- Allow students to speak. Permit them to share their concerns, fears and attitudes.
- Encourage discussion. When a student makes a comment, ask a follow-up question such as, "Why do you think that?" to encourage him or her to complete the thought.
- Keep students on target. If the class discussion is focusing on the modes of transmission and a student says he or she has heard a person can get infected with HIV through casual contact, explain the facts and return to the discussion on the ways HIV is not transmitted.
- Comments such as "only gays and IV users get AIDS" may arise. Use these opportunities to clarify the issues, rather than allowing them to

detract from fact. Inform students why this comment is false and explain why all individuals are at risk if they practice certain behaviors.

- Listen to students. Make a concerted effort to let them know they are being heard. Respond to all questions and comments. This will encourage students to continue discussing important issues.
- Be responsive to students' needs and concerns. Provide students with additional information about issues of particular interest to them. Refer students to other resources when appropriate.

Answering Student Questions

Students of all ages know when they are given adequate answers to questions. It is a disservice to evade questions or provide only half an answer. Because of the constantly changing information regarding HIV, teachers should feel comfortable acknowledging their inability to answer the wide range of questions that may be posed as a result of class discussions. Teachers are encouraged to offer to find the answer to a question or to refer students to additional sources of information, including state and local health departments and the U.S. Public Health Service AIDS Hotline: 1-800-342-AIDS.

- Solicit student input. If a student asks a question during a class discussion, the teacher may ask other students to respond if it is appropriate. This may spark student discussion, as well. However, once this is done, the teacher may need to highlight the correct information and add any details the students omitted.
- When the teacher answers a question, the response should be direct, factual, honest, clear, and complete.
- It is important for the teacher to define words the student may not understand. It is also important for the teacher to provide all available and developmentally appropriate information. For instance, if a sixth grade student asks how HIV is transmitted, it is insufficient for the teacher to say, "one way is through sex." A more adequate response would be, "one way is through sexual intercourse with an infected person." Even better for a high school student would be "one way is through anal, oral, or vaginal sex when there is an exchange of infected semen, blood, or vaginal secretions."
  - In answering a student question, keep references to people in the generic—i.e., not "you" but "a boy (or a girl)."
- An adequate response depends on the student's age and developmental stage as well as on school policy regarding what the teacher is allowed to say.
- It is also important for the teacher to encourage students to ask their parents or other trusted adults questions they may have about HIV.

Dealing with Name Calling or Inappropriate Discrimination

Name calling, teasing, and other inappropriate behavior related to HIV instruction require attention. In general, the teacher will respond similarly to the way he or she responds to all inappropriate behavior in the classroom. It is important that these situations not be ignored and that students be made aware of the seriousness of their behavior. These situations can be used to explain to students the need to respond compassionately to persons with HIV infection.

It is important to keep in mind the reasons that students act out by name calling and teasing. These reasons include:

- a need for attention
- a means for acquiring information — a student may learn that by using inappropriate language the teacher will spend extra time with him or her explaining the word, behavior, etc.
- modeling an older sibling or parent — a student may hear a relative make a critical remark (e.g., about homosexuals) and decide to use this term to refer to a classmate. This may be intended to be funny or may be intended to insult. In any case, it is unacceptable.

Inappropriate behavior should be:

- acknowledged
- addressed immediately
- handled without ridiculing the student

If a student harassed another student with "being gay," for instance, it is recommended that the teacher talk to the student doing the ridiculing as soon as possible. The teacher can take the student aside and spend individual time with the student making sure he or she understands the seriousness of the behavior. It is important to determine whether a young student really understands what he or she is saying. He or she may not know what the words mean and thus not understand the connotations of what has been said.

Language Usage

Although teachers want students to feel comfortable discussing HIV, they must not allow vulgar or inappropriate language. Sometimes this language results from students not knowing anything other than street language. The best approach is for a teacher not to chastise the student but to simply say, "In this classroom, we use the term __________. When everyone learns to use the correct terminology, many of these issues will become easier to discuss."

Special Situations

Teachers may wonder about approaches to use when there is a child with HIV infection or AIDS in the class or school or when a student has a family member with HIV infection or AIDS.

HIV education should be provided regardless of whether there is a student or staff person with HIV infection in the school. In most instances, the teacher will not know whether or not such cases exist in the school. Teachers should be aware that any student in the classroom or anyone in the building could be infected with HIV, and appropriate precautions should be taken every time teachers assist a bleeding student.

If the teacher knows that a student with HIV infection or AIDS is in the classroom, he or she may wish to spend some time talking privately with the student. This will help the student to understand that the subject of HIV is important to teach all students and is not being taught because of him or her.

Children in the school may inquire about whether they could catch HIV from an infected child or adult or students may make statements to one another about the infected person. Teachers may use these episodes as "teachable moments." They could use these opportunities to clarify that a student or staff member with HIV poses no danger to other students.

Cooperative Learning

Many of the activities in *ESR III* are planned for pairs and small groups. Cooperative learning, if properly planned and facilitated, can encourage students to be more respectful and helpful with each other. This strategy can also ensure that unproductive competitiveness is minimized and that students feel part of a supportive group. Students with special needs (physical, emotional, intellectual, language, etc.) and students who learn more easily in informal/ loosely structured environments will also profit from this strategy.

Teachers can encourage successful cooperative learning and create positive interdependence, by giving a group grade, requiring a single product, dividing the activity into parts, and assigning interconnected roles. They can encourage students to be individually accountable as well as requiring each to master the material. Mastery can be verified by asking individual students to answer questions and by giving a test on the concepts.

Some classroom rules should be discussed and maintained to ensure optimum learning in cooperative groupings. Possible rules, to be adapted to the grade level, could include:

- All ideas and opinions are respected.
- Excessive noise and laughter will disturb other pairs or groups. Keep it quiet.
- Take turns listening and talking. No person should monopolize.
- Volunteer for roles that have been assigned. Each does his or her part.
- Keep on task. Get the job done.
- Remember everyone is responsible for all information. Group grades and individual grades should be given.

Role Play

Role playing is one effective classroom strategy to use in HIV education. The following guidelines will help students gain maximum understanding via this strategy.

In preparation the teacher can:

- explain the situation
- identify all the roles
- describe the relationship between the roles
- ask students to volunteer for roles rather than be assigned roles
- coach students and help students prepare who are not comfortable in front of group
- demonstrate the skill to be learned
- remind students to think and act in ways that the person they are roleplaying would think and behave, to put themselves in that person's place

During the role play, it is important to:

- identify the roles to the audience
- give the audience opportunities to be involved—players can use "inside comments;" the teacher can use "freeze" to comment on skills, words, concepts, etc.

After role play, the teacher can help students process by having them:

- discuss what they saw and heard
- analyze results
- suggest transference of situation/concepts to other situations
- make summations of concepts
- re-enact, if time permits, with other players, situations, and roles

Peer Education

Peer education is another important, effective strategy in HIV education, especially for middle school and high school students. Teenagers listen to what their friends say and turn to them for help. Convincing teenagers to do something that their friends won't do is difficult. A more effective method is to change the way teenage groups feel about certain actions—to change a group norm.

The idea of teens teaching teens has strong grounding in common sense. Indeed, peer education is not a new phenomenon. The practice of older students helping younger students allowed one-room schoolhouses to work in the 19th century. Tutors have long been a staple of education. In the 1960's, the concept first began to be applied to health and behavior education. Surveys such as the 1988 National Home Economics Association Study of teenagers' attitudes have found that adolescents turn to friends for advice before they turn to any other person, including parents, teachers, and clergy.

Specific to HIV education, peer education is outlined in the high school lesson plans as an informational activity rather than a peer counseling activity. Peer counseling, if developed, could be part of a larger more comprehensive peer education effort. In addition, if a peer education program is already in place at the school site, presenting HIV/AIDS facts to the peer educators is an important task for trained staff. Schools with interest in development of comprehensive, on-going programs can contact the following group for assistance and materials: The Peer Assistance Network of Texas, 1700 West 6th Street, Austin, TX 78703; (512)477-4491.

IMPORTANT ISSUES

Effective HIV education addresses a number of important but difficult issues. Educators need to be aware of these sensitive issues and be prepared to handle them.

Handling Controversial Issues with Parents

Educators, parents, and others generally agree that children and teenagers should abstain from sexual involvement and never use injectable drugs. However, they do not agree on what should be taught in the classroom. Opinions range on a continuum from advocates of sexuality and HIV education in the schools to direct opponents of such education. Some topics such as condom instruction, abstinence only, various types of sexual intercourse, and homosexuality also elicit a variety of responses. School districts should involve parents and other community members in determining the most appropriate educational strategies to meet their students' needs. Because of the sensitive nature of the topics and materials, teachers must be prepared for differing viewpoints from these individuals. Teachers can explain what they have been authorized to teach to the parent of a student in their classroom. However, they should not argue with the parent but refer the parent to the building administrator.

Some parents may be apprehensive that their children will lose their innocence by receiving information about HIV infection. They fear talking about sexuality and drug use will encourage undesirable behaviors. These parents may wish to excuse their children from lessons on HIV. Administrators should request that those parents teach their own children. Such a situation may be difficult for the student who is excused and confusing to other students who do not understand why their classmate is not participating. The teacher could tell the other students that the parent wants to do the teaching at home and close the discussion with the statement, "And that's okay." The teacher will follow the school district's protocol for students who are excused from the classroom per the parent's request.

The school district should plan to address controversial issues through a variety of approaches including: parent involvement on a curriculum committee, presentation of Parent Preview Nights when parents are invited to review curriculum and videos, and provision of supplemental material on HIV for parents. These efforts should help provide visible, broad-based support for classroom teachers who must deliver HIV education material to students.

Student Questions About Homosexuality

Young students may want to know the definition of homosexuality; older students may want to know why some people are homosexuals and may ask about their sexual practices. In any case, it will be helpful for the teacher to be thoroughly prepared ahead of time for student questions and comments.

Teachers are encouraged to use their discretion in responding to questions about homosexuality. Teachers may find it helpful to explore with students the information they already have and to consider why students are asking the questions.

A straightforward response to the question, "What is the difference between a homosexual and a heterosexual?" might be, "Homosexual persons prefer sexual relations with people of the same sex; heterosexual persons prefer sexual relations with people of the opposite sex."

If a young person asks, "If a boy loves his father and other male relatives and friends, is he a homosexual?" The answer is, "No. We all can love family members and friends of the same sex. Homosexuality refers to sexual feelings toward, and sexual behaviors with, a person of the same sex." If an older student asks about the behaviors homosexual men perform, a teacher may appropriately explain, "Homosexual persons have sexual activity with same sex persons." The response the teacher provides should remain within the district's and state's guidelines regarding what may be taught. If an older student asks, "Why are some people homosexual?" a brief answer might be, "Researchers are uncertain why particular individuals are homosexual but generally agree that it is determined in the first few years of life and is seldom a conscious choice. Researchers suggest that genetic, hormonal, and environmental factors, in combination, lead some people to have homosexual feelings and behaviors. One thing we know is that one doesn't become homosexual just by knowing or being around homosexuals."

If a student of any age expresses negative opinions about homosexuality, the teacher's responsibility is to confirm the student's right to that opinion and to say that other people have different opinions on the subject.

HIV and Sexual Abuse/Sexual Assault

Cases of HIV infection as a result of sexual assault have been documented. In addition, studies show that one of three girls and one of 10 boys have experienced sexual molestation and abuse. Learning about HIV infection may cause anxieties among students who have been victimized. It is possible that some perpetrators of abuse are HIV-positive. Also, teachers should realize that pedophiles are usually heterosexual, not homosexual, and that HIV testing has not generally been required following sexual assault or sexual abuse.

Learning antivictimization techniques may also give some students the courage and permission to "tell someone." In all of these situations, teachers/school personnel (the person who *first* suspects or is told) must report the incident to police and/or the Texas Department of Human Services.

RED FLAGS

Health educators and researchers have identified a number of red-flag terms and expressions they recommend that teachers avoid using.

DO NOT USE	USE
• AIDS victim	PLWA —Person Living With AIDS
• High-risk group	Risky behavior
• Bodily fluids	The HIV virus is found in all body fluids, but the only body fluids implicated in transmission are blood, semen, and vaginal fluid.
• Intimate sexual contact; having sex	Intercourse (anal, vaginal, and oral)
• Condoms as protection	Latex condoms with spermicide, nonoxynol 9
• AIDS carrier	HIV positive or HIV infected
• IV drug use	IDU (injectable drug use)
• Good/bad decisions and behaviors	Healthy/unhealthy decisions and behaviors

RECOMMENDATIONS FOR USING *ESR III*

When planning the implementation of *ESR III* for the classroom, the first step for teachers is to familiarize themselves with the philosophy of HIV education presented in the curriculum guide and in district- and campus-level plans.

The recommended procedure for using *ESR III* is for teachers to:

- read through the introductory section to gain a broad understanding of Texas' overall effort to improve the health of Texas school children
- scan the sample lessons and resources to become familiar with lesson content
- identify any personal weaknesses in preparation for teaching HIV education and initiate plans to strengthen skills and knowledge in those areas
- develop a plan of implementation by consulting with other teachers of all grade levels and building grade-level files. Such plans will contribute to the continuity of students' experiences from grade to grade.
- plan lessons. Based on the characteristics of the class, the materials available, and personal judgment, teachers should select lessons and activities to teach.
- understand that the lessons may have one or more activities that may take varying amounts of time. All activities on a sample lesson page do not need to be completed in one lesson period.
- arrange for any additional materials needed to conduct the lessons
- teach HIV education as an integral part of the regular class
- involve the school librarian in screening and selecting materials

USING OTHER CURRICULAR MATERIALS

ESR III is an HIV education curriculum intended to supplement and enhance the total education of Texas school-age children. The HIV information presented is based on current health research. The facts presented to students throughout the curriculum must be consistent and correct. Some criteria educators should consider when selecting additional HIV education curricular materials include:

- Do the materials clearly supplement the existing curriculum? New curriculum materials should integrate easily into the overall academic program.
- Do the materials begin with early childhood and carry through to high school? HIV education must begin early in a child's life if high-risk behaviors related to HIV transmission are to be avoided.
- Do the materials fit into the comprehensive health program? A comprehensive health program includes health education in the classroom, health services provided by the school nurse, and a healthy school environment.
- Are the materials culturally sensitive? Public schools serve students from

diverse cultures. The variety of student backgrounds and traditions in the classroom must be considered.

- Are the materials founded on valid research? Use only materials and activities that are based on current HIV research.
- Do the materials have current, state-of-the-art information? Out-of-date HIV information resources and materials in the classroom and the library must not be used and should be removed.

EVALUATION

Evaluation is an essential part of any teaching and learning program. The educational process provides students with opportunities to master content, develop thinking skills, master skills needed to perform tasks, and change attitudes and behaviors based on new learning. In comparison, the evaluation process provides educators with opportunities to:

- confirm the hypotheses that served as the basis for the program plans
- examine strengths and weaknesses of the program
- draw conclusions based on the program's strengths and weaknesses
- analyze data that will substantiate future decisions concerning improvements to the program
- make decisions concerning recommended revisions

The ongoing evaluation process should occur at all levels from the classroom to the school campus, the school district, and the Texas Education Agency. Evaluation involves asking critical questions that will supply the data necessary to determine the effectiveness of the learning. The steps involved in the evaluation process include:

1) formulating clearly defined instructional objectives
2) gathering evidence that acknowledges the achievement of the stated objectives
3) analyzing and interpreting the evidence
4) assessing the strengths and weaknesses of the students
5) proposing modifications and improvements to the total program

The *ESR III* evaluation and assessment primarily involves the analysis and assessment of data related to two major areas:

- The *ESR III* curriculum guide
- The attitudes and behaviors of students

The success of any curriculum is dependent, in part, upon the individual teacher who uses it. In an effort to establish teacher usage of *ESR III* and to document teacher perceptions of the guide, an evaluation form is included in Appendix G.

The measurement and evaluation of attitude and behavior changes, unlike an on-going curricular evaluation, involves longitudinal studies. At some undetermined time after the implementation of *ESR III*, HIV prevention attitudes related to behavioral self-responsibility can be assessed through a pretest, post test format. Schools can gather data through self-report, survey instruments as a pre-test. Changes in student behavior and attitudes can then be measured through a post-test.

Adapting *ESR III* for Special Populations

HIV disease is a social problem crossing all lines of race, socioeconomic status, sex, education levels, learning levels, academic abilities, and maturation levels. All students who are capable of learning and understanding must be taught the facts about HIV/AIDS and the skills necessary to avoid the behaviors associated with HIV transmittal. Teachers should teach and students should master these concepts and related objectives in the same way that they teach and master other more conventional concepts and objectives.

The unique needs of students of special populations must be and can be met through the sample lessons and activities in *ESR III*. Many of the lessons are developed through cooperative learning and group processes. Options are offered that present other variations of teaching some lessons. Many of the lessons validate the variety of feelings and ideas of students. An important suggestion to teachers is to present these concepts in the same ways found effective when teaching other topics or subjects to these students, whatever the special needs may be.

Special populations include students who:
- have handicaps
- have academic difficulty
- are bilingual
- possess limited English proficiency
- are from migrant families
- are gifted and talented

A major goal of any education program is to provide all students with opportunities to advance to the full extent of their abilities. The state-required curriculum is designed to ensure a well-balanced single curriculum of instruction for all students regardless of special need or condition. Instruction for students with special needs is based on the same essential elements as is the instruction for general education students.

Special program personnel and regular instructional personnel are jointly responsible for the cooperative delivery of effective instruction. In school district programs for students identified as having special needs, these educators modify the method of instruction, pacing, and materials as necessary to provide these students the opportunity of learning the essential elements.

SPECIAL EDUCATION

Teachers with additional skills and training to maximize the learning of special education students can determine the amount and level of information required by their students. However, it is crucial that all special education students receive HIV education. The students are much more at risk for sexual abuse, exploitation, and molestation; are frequently socially unskilled and isolated; may want to please others; may innocently demonstrate behaviors that may alarm others; and may need highly graphic, concrete examples to learn these concepts.

Teachers can:
- break material down into manageable units
- use concrete examples and make information relevant to students
- teach core vocabulary before beginning a lesson
- move through material slowly
- consider choosing lessons designated for students younger than those they teach when this is appropriate (e.g., this approach might be useful for teaching mentally retarded students but may not be appropriate for a student with cerebral palsy)
- precede these lessons with lessons on human growth, development, and sexuality if students are developing sexually
- use teachable moments to reinforce the concepts throughout the year
- present sex, HIV/AIDS, and drug education at his or her discretion. (Judgements must be based on the appropriate time, the extent of information presented, and the student's ability to comprehend without being overly frightened.)
- include this area in discussions with parents and/or send parent letters about this early in the school year. (See sample parent letter in Appendice E and F)
- recognize that discussing sexuality and HIV/AIDS with special education students requires at least as much sensitivity as discussing the same issues with other students

Among special populations, schools must include students who are high-risk children/youth such as runaways, homeless, homosexuals, bisexuals, hemophiliacs, foster children, HIV-infected, PLWAs, etc. Some of these students have developed harmful coping skills to deal with difficult situations. Some of their difficult situations may surface as teachers begin to address the topics in HIV prevention education. To assist these high-risk youth, teachers must access all the services available in the school, and the school, together with parents, must access all the services offered by the community.

COMPENSATORY EDUCATION

Compensatory instruction is designed for students who are having academic difficulty in English language arts, mathematics, science, and social studies. Other students who may require remedial or compensatory instruction include migrant students, students whose primary language is not English, and prekindergarten or kindergarten children who have been identified as having developmental needs.

Compensatory instruction should extend and reinforce the regular program of instruction. Instruction in HIV education for students in this category should be:

- based on each student's functional instructional level
- modified as necessary to accommodate methodologies, pacing, and materials
- designed to include the essential elements of instruction

Some students in this category may need assistance with a single concept or skill while others may be functioning significantly below the age or grade level of their peers and therefore require more attention. Teachers of students with special needs should:

- identify specific skill needs to ensure that instruction is directed toward specific skill and concept deficits
- identify specific learning modalities and styles
- identify alternate instructional strategies
- compare appropriateness of the material and activities with the student's reading and maturity level

Special remedial and compensatory alternatives are available such as tutorials, special teachers to provide additional time on task, reading improvement courses, locally developed study skills courses, coaching, summer school, and counseling. The regular teacher and any other teacher who provides remedial or compensatory instruction in addition to regular classroom instruction should plan and coordinate instructional activities using a team approach. Instructional personnel should also have training in teaching HIV education. Regular instructional personnel and special personnel involved in the compensatory education program should work together to apply the same principles in HIV instruction as in other teaching. To be effective, the educators will:

- determine each student's instructional level and identify specific skill needs
- jointly design and implement lesson plans
- adapt or modify instruction based on continuous assessment of student progress

- use small-group instruction for students with the same skill needs
- limit independent activities to shorter periods of time
- ensure close monitoring of practice activities to prevent repetition of misunderstandings
- use concrete activities to teach skills and concepts
- use cross-age tutors, adult tutors, and peer tutors for one-on-one reinforcement
- arrange for adult coaches who can serve as mentors

BILINGUAL EDUCATION

To ensure that the goals of *ESR III* are met for limited English proficient (LEP) students, administrators and teachers must design a program equivalent to the program provided for native speakers. LEP students must have the opportunity to learn and use materials that develop expanded meanings of language, build vocabulary, and teach word recognition and comprehension techniques. To prevent feelings of isolation and low self-esteem that may result from a lack of proficiency in English, students should also be given frequent opportunities to participate in HIV education activities provided at the school and in the community. These activities can lead the students to experience success and consequently to improve their self-esteem and physical health and well-being.

Teachers who are certified as bilingual or English as a Second Language (ESL) instructors can team with personnel on emergency teaching permits to develop supplementary programs for LEP students. Parent volunteers and paraprofessionals can work with regular instructional personnel cooperatively to deliver the needed programs.

While modification of the instructional program involves changing the language in which the content is conveyed, the scope of the curriculum should remain the same. In an ESL program, the sequence in which the essential elements are presented can be modified to accommodate students' progress in acquiring English language skills. Emphasis on oral and visual stimuli aids students in grasping the concepts that English-speaking students develop by writing.

More specifically, the teacher can help students build card files and glossaries on HIV vocabulary, present the same information through a variety of different charts and visuals, encourage students to underline key words and important facts in their written assignments, and encourage categorizing of HIV words and information into meaningful groups. Teachers can also pair students for team learning.

In an ESL program, pacing modifications should be based on vocabulary concept development; in a bilingual program, dual language instruction enables teachers to use a process approach to the content area. Additionally, teachers can explain special vocabulary terms in the students' native language; write instructions using short, simple sentences; limit the number of problems that must be worked; record activities for independent listening assignments; de-emphasize speed and emphasize accuracy of work; ask open-ended questions to allow practice in thinking and speaking; and assign homework tasks that require a short reading time. Teachers also need to remember that the students' parents or families may not speak English or have few materials at home to support learning activities.

It is important that student materials, whether they are state-adopted textbooks in Spanish, teacher-made lessons, or district-developed aids to instruction, be modified to meet the students' academic needs. The teacher can modify student materials and activities by:

- providing pictures to illustrate new words
- offering a variety of reference materials at the students' instructional levels for independent work
- using a variety of activities from lower grade levels such as games to be played by pairs of students or small groups
- maintaining a library of supplementary books and workbooks written in simple English
- using diagrams and drawings to identify concepts and relationships
- providing films, records, filmstrips, and videotapes to be used independently or in small groups

MIGRANT STUDENTS

Effective teaching of migrant students is a challenge for many districts and individual schools. Thorough, careful analysis and diagnosis are needed to determine if migrant needs are due to lack of experience, lack of time on task, or need for remediation. An accurate assessment is essential in order to adapt the content of the curriculum, methods of instruction, and the direction of HIV education to meet migrant students' needs.

Migrant students are often limited in English proficiency, require compensatory and remedial assistance, and need enrichment activities to be challenged adequately. Sometimes, these students also attend school part-time, from six to seven months, or they may attend school for the full year. In either situation, gaps in their education are usually apparent.

Teachers can extract vital educational information concerning individual migrant students from the Migrant Student Record Transfer System (MSRTS) which reports credits earned in courses and partial work completed. If migrant counselors are available, they can assist teachers in planning instructional programs for migrant students. Continuity of instruction and provision of intensive remediation are two important ways in which teachers can provide an opportunity for migrant students to learn the essential elements of instruction. School districts can share information by using a checklist indicating which essential elements have been taught, which need to be reinforced, and which require further instruction.

The following list suggests ways that teachers can modify *ESR III* for migrant students:

- Assess the students' instructional levels through informal testing.
- Select and highlight the most important activities that help explain and give vocabulary to the essential elements.
- Prepare brief outlines of units to be studied and highlight important topics related to HIV education.
- Build independent units for elementary students that can be rearranged as needed to cover areas that the students have not been taught.
- Establish a buddy system for recording and reporting data and for completing assignments.
- Provide migrant students with oral tests and/or tape-recorded lessons when appropriate.
- Use a group language experience approach for oral language development.
- Allow the students to bring their own culture into the classroom by incorporating it into the content of the course.
- Capitalize on students' experiences of travel, work, and different family structures.
- Provide mentors for gifted migrant students who show ability and interest in a certain field, especially in health-related careers.
- Assign homework and course projects that are relevant to the migrant student.
- Allow opportunities for independent work that can be completed through prepared independent units of study.
- Use tutors to supplement instruction; keep student/teacher, aide, or peer ratio low.
- Establish extra classes in the evening, on weekends, and during the summer.
- Provide computer-assisted instruction for remedial and enrichment purposes.
- Assess facets of the students' migrant experience that can help them grasp and master certain essential elements.
- Modify textbook and other reading passages to an appropriate reading level.
- Make use of high-interest, low-reading level materials.

Educators may also use suggestions from the Compensatory Education, Bilingual Education, and Gifted and Talented Education sections of this curriculum guide to plan an effective instructional program for migrant students.

GIFTED AND TALENTED STUDENTS

An understanding of the needs and characteristics of gifted and talented students is the first step in adapting the *ESR III* curriculum guide for these students. Programs for gifted students modify or differentiate the curriculum used in the standard classroom regardless of content area. This does not imply that the curriculum is different, but rather that it accelerates, expands, or enriches the regular curriculum to suit the needs of the gifted learner. This is in keeping with Title 19, Chapter 75 of the Texas Administrative Code, which suggests that districts use these techniques when modifying the curriculum for gifted students.

Differentiation of the curriculum takes place in four areas. A differentiated curriculum contains in-depth content studies that are joined with sophisticated process skill development to result in sophisticated product development.

Differentiation of the HIV education curriculum can be effective in every subject or course area and at all grade levels. Gifted students should first be involved at the knowledge level. The importance of establishing a lifetime of healthy behavior habits can be taught through direct instruction and through films, books, pamphlets, periodicals, and resource individuals. At the appropriate time, administrators and teachers can accelerate, expand, and enrich the program by including activities that encourage students to:

- apply critical thinking and analysis skills to writing questions related to HIV disease
- sharpen creative thinking and communication skills by creating plays, poems, ads, slogans, posters, stories, and books for HIV education strategies and activities
- apply knowledge of HIV education by preparing brainteasers and puzzles to be used in a puzzle book for other students
- plan and present an assembly about HIV disease using songs, skits, poems, and choral readings that they have developed
- increase research skills by having students choose a topic related to HIV, state a thesis, conduct research, and then present findings in the form of a creative display or product
- develop leadership skills by planning and producing an HIV education campaign or assembly for preschool or elementary children
- develop an independent study project focusing on a topic related to HIV disease

Other modified or differentiated activities for gifted students can include:

- designing and setting up a learning center related to communicable diseases education, including HIV
- planning, scheduling, and providing follow-up activities for an in-class presentation by a physician, public health official, HIV education specialist, or other resource person
- publishing a school newsletter on health education, including HIV updates

MULTICULTURAL SENSITIVITY

Students of all communities and cultures have the right to and the need for education to prevent communicable diseases including HIV. Students' cultural diversity represents another challenge in the presentation of effective HIV education. Educators should also remember that cultural diversity exists within individual cultures in our country. Teachers should present *only as background information* the fact that HIV and other communicable diseases are over-represented in the Hispanic and the Black urban communities. Rather than focusing on differences that can quickly generate into stereotypes, teachers are encouraged to look at all their students and to consider and not violate the following characteristics:

- the religious beliefs/religious backgrounds
- the family values/traditions
- the family structure
- the family's socio-economic level
- the views/beliefs concerning women, children, and males
- prior sexual experiences
- attitudes involving health, sex, and family

These dimensions could be applicable to any student and dictate the need for teachers to be sensitive to the backgrounds and value systems of all students. Teachers must focus on factual information and on healthy behaviors. They must use teaching strategies that encourage students to examine and communicate their own beliefs and values. They must avoid damaging stereotypical thinking and unfounded biases whatever the cultural background of the student. See Appendix E.

Education
for
Self-Responsibility III:

PREVENTION
OF
HIV/AIDS

Sample Lessons

GRADE
PK

Texas Education Agency

ESR III

LESSON OBJECTIVES

III.A-3. Develop and use skills for coping with change, success, and failure.

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Describe effective ways to promote healthy decision making.

ACTIVITIES & STRATEGIES

Review definition of self-responsibility.

Have students make a *I Choose to be Safe* quilt. Give each student a 12" x 12" inch muslin square and have them draw a picture relating to *stay safe* concepts with crayons or markers on each square. Sew the squares together or request assistance from a parent or volunteer. Display in the library, if possible.

Stay safe concepts might include:
- Don't play with matches.
- Never swim alone.
- Look both ways before crossing the street.
- Don't talk to strangers.
- Don't pick up sharp objects.

Option:
Write a script for a brief puppet show. Arrange the students in pairs or small groups and have them make the puppets. Ask the students to role-play stay safe concepts with the teacher.

RESOURCES & MATERIALS

Muslin squares, markers, and crayons

Book suggestion:
Help Yourself to Safety: A Guide to Avoiding Dangerous Situations With Strangers and Friends by Kate Hubbard and Evelyn Berlin

Puppet materials

ESSENTIAL ELEMENT

Social/emotional development. Health-related concepts and skills that involve interactions between individuals. The student shall be provided opportunities to demonstrate self-discipline by demonstrating appropriate independent as well as group behavior.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Demonstrate awareness of the importance of accepting responsibility.

ACTIVITIES & STRATEGIES

Discuss personal responsibility. Ask the students to give examples of responsibilities they might accept at home. Stress the need to accept responsibility at home, at school, and for the environment. Discuss the fact that plants need air, light, and water. Ask the students if any of them take responsibility of caring for a garden or a house plant. Tell students this lesson will help them to become more aware of the importance of accepting responsibility.

Discuss the fact that plants need air, light, and water.

Plant a few beans yourself in front of the class. Then allow students to plant beans in different cups.

Assign pairs of students to be responsible for plants each day. Explain to the students that no one will be responsible for the ones you planted. Put these in a dark corner or closet.

Compare the results. What happened when someone was responsible? When no one was responsible?

RESOURCES & MATERIALS

Beans, cups, soil

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to develop an emerging awareness of environmental issues.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Identify home and/or classroom responsibilities for individuals.

ACTIVITIES & STRATEGIES

Define the word *responsibility*. Ask for responses from the students to clarify their understanding of the term. Write responses on the board or overhead transparency.

Determine what responsibilities each student may have at home, including:
- hanging up clothes
- walking the dog
- keeping the area where he or she sleeps clean
- putting dishes in the sink
- watering plants

Give each student the opportunity to explain in what way he or she will be helpful or show responsible behavior on each day of the week.

Have several volunteers pantomime responsibilities that they have at home. Ask the class to guess what each responsibility is.

Option:
Assign classroom responsibilities to the students. Use the word *responsibility* frequently, as appropriate for this age level.

RESOURCES & MATERIALS

Crayons, chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to observe and role play socially responsible behaviors in a variety of situations.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.A-2. Examine the consequences of risky behaviors.
III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Demonstrate effective ways to reject offers of unsafe behavior.

ACTIVITIES & STRATEGIES

Talk about friends.

Emphasize the fact that friends are people who really care about you. Read aloud *Best Friends* by Steven Kellogg. Talk about friendship.

Make a list on butcher paper of the students' responses to the question, "What can you do with a friend?"

Explain that sometimes a friend may try to get you to do something you should not do or that is not safe.

Ask the students, "Would a real friend give you something that would hurt your body?"

If your friend asked you, would you:

- drink or take medicine without an adult
- play with matches
- play with knives
- swim alone
- leave the house without permission

Allow each student an opportunity to respond. If a student does not have a response, encourage him to just say "No!" Have all the students practice saying "No!" Call attention to the tone of voice used when saying "No!"

Ask students: "How can you let a friend know that you do not want to do unsafe things?" How can you let a friend know you will not disobey your parent or your teacher?

Reinforce effective ways to reject offers of unsafe behaviors.

RESOURCES & MATERIALS

Book suggestions:
Best Friends by Steven Kellogg
Ernest and Celestine by Gabrielle Vincent
Amos and Boris by William Steig

Butcher paper and markers

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to observe and role play socially responsible behaviors in a variety of situations.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Demonstrate a sense of responsibility.

ACTIVITIES & STRATEGIES

Discuss as a class what the definition of *being helpful* means to each student.

Ask students to name responsibilities they have at home such as:
- taking the garbage out
- feeding the pets
- washing the dishes
- cleaning their rooms

Ask the students what would happen if they did not do their part at home. For example:
- the garbage would pile up
- the pet would become very hungry
- there would be no clean dishes to eat on
- their rooms would become so messy that nothing could be found

Emphasize that the students' help at home is important to their families and that they should take pride in their contributions. They should also take pride in their classroom and school.

Give each student a classroom chore to perform for the day. To assign each student's chore, place task cards containing pictures of the chores to be performed face down on a table in the front of the room. Have each student pick up a card from the table and perform that particular duty or job. Cards could show students feeding the classroom pet, picking up trash in the classroom, helping to keep the chalkboards erased, etc.

RESOURCES & MATERIALS

Task cards, pictures from magazines, newspapers, catalogs

Book suggestion:
The Man Who Didn't Wash His Dishes by Phyllis Krasilovsky

ESSENTIAL ELEMENTS

- *Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize successes and feel pride in work.*
- *Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to observe and role play socially responsible behaviors in a variety of situations.*

LESSON OBJECTIVES

I.C-1. Identify persons including family members who can help with information on diseases.

II.B-1. Recognize the need for school policies and procedures regarding injuries, illness, and diseases.

ASSESSMENT CRITERION

Recognize and discuss the role of persons that act as health helpers.

ACTIVITIES & STRATEGIES

Read a classroom book on health helpers and/or on a child with an illness.

Ask students: "Who can help you when you are sick at home?" "...at school?" Talk about the school nurse's job and discuss inviting a school nurse to visit.

Ask students what questions they would like to ask a school nurse. Request the nurse bring and tell about a first-aid kit.

As a class, write an invitation to the nurse on an overhead transparency as the students watch. Rewrite or type the invitation. Ask all the students to sign their names. As a group, on the way to lunch or the playground, deliver the invitation.

Option:
Extend the lesson to include a school bus driver. Ask a driver to visit the class and explain what steps he or she takes when there is a sick child on their bus. Inclusion of clean-up procedures is important.

RESOURCES & MATERIALS

First-aid kit
Newsprint or overhead projector and transparency

Book suggestion:
Jenny's in the Hospital by Seymour Reit, Western Publishing Co., 1984

ESSENTIAL ELEMENTS

- *Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to experience positive, supportive interactions with adults and peers.*
- *Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to discuss ways people can help and learn from each other.*

LESSON OBJECTIVES

III.A-2. Identify and practice personal safety and good health habits.
III.B-2. Set and pursue appropriate short-term goals.

ASSESSMENT CRITERION

Give a parent home communications that foster safety and wellness.

ACTIVITIES & STRATEGIES

Encouraging a home and school partnership is important for the learning, health, and well-being of students. This activity facilitates that partnership by providing parents with positive suggestions written as if the children were speaking. The responsibility of the child to take these notes home is also an important learning task.

Copy for each student Love Notes and the parent letter. Send home one note, the same for each student, once a week. The same day of the week is preferable.

Add two messages of your own to the Teacher Resource, "Love Notes," before you copy the page. You may want to write the child's name on the page so you will easily know if the child was absent on the day you sent notes home. It is also easier if you cut out only the note that you are using on a particular day.

Tell students: "Once a week I will send a 'love note' home with you. It will tell your parent or grandparent something that you two can do together. I will tell you what it says when I give it to you. Today, the first one says..."

Pin the love note either on the child's clothing or staple it to another communication from school. Staple the first note to the parent letter.

RESOURCES & MATERIALS

Teacher Resource: "Love Notes"

Parent letter

ESSENTIAL ELEMENT

Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to experience positive, supportive interactions with adults and peers.

LOVE NOTES

Give me
a big bear hug.

Read me a
story tonight.

Teach me how
to make my bed.

Let me sing a
song for you.

Teach me to
answer the phone
correctly.

Help me learn
to brush my teeth.

Teach me to set
the table.

I have two
kisses for you.

Help me put my
toys in a
special place.

Teach me to call
for help (911).

Sample Parent Letter for Prekindergarten
"Love Notes"

Dear Parent,

At school, the children are studying about safety and good health. I would like for you to be part of what we are doing.

One day each week for 10 weeks, your child will bring home a "love note." It will ask you to do something with your child. You may be doing these things already, but bringing the notes will be fun for your child. It will also help him or her see how important written words are.

Thank you for working together with me to make this school year a good one for your child. Please call me at ___(number)___ between ___(hours)___ if you would like to talk.

Sincerely,

(Teacher)

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Practice effective strategies to develop a positive self-esteem.

ACTIVITIES & STRATEGIES

Tell students that they are going to look at the most important gift in the world.

Talk to students about the importance of individuality and the uniqueness of each person.

Tell each student to come up to your desk and lift the lid off the package and look at the most important gift in the world. "But don't tell anyone what you saw!"

After all students have had a turn, discuss with the class how they felt when they looked in the mirror in the box and learned that they were the most important gift in the world.

Review the use of positive words and actions that are effective strategies in making persons feel good about themselves. Ask volunteers to demonstrate a positive word or action.

Positive words include:

- yes, delightful, terrific, fabulous, outstanding
- That's good. Well done. Show us how. Thank you.
- You're a good person. You have my respect. I like the way you did that. You should be proud of that.

Positive actions include a smile, look, nod, grin, clap, touch on shoulder.

RESOURCES & MATERIALS

Gift-wrapped box (wrap lid separately), mirror

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.

ASSESSMENT CRITERION

Describe the positive influence that role models have on one's behavior.

ACTIVITIES & STRATEGIES

Explain to the class that you and a volunteer (parent volunteer, principal, teacher's aide) will demonstrate showing kindness. Role-play situations such as:
- taking turns
- sharing
- showing courtesy
- being helpful

Next role-play situations that kindness is not demonstrated.

Talk about specific class or school instances when the students can take turns, share, show courtesy or good manners, be helpful, etc.

Role-play situations and ask the students to decide whether the persons are demonstrating kindness or not. Ask the students to put their thumbs up if kindness is shown and thumbs down if kindness is not shown.

Tell the students you will observe them during their activities and tell them if you see them demonstrating kindness.

Option:
Using the Teacher Resource or other pictures, display pictures of people showing kindness, courtesy, and sharing.

RESOURCES & MATERIALS

Teacher Resource

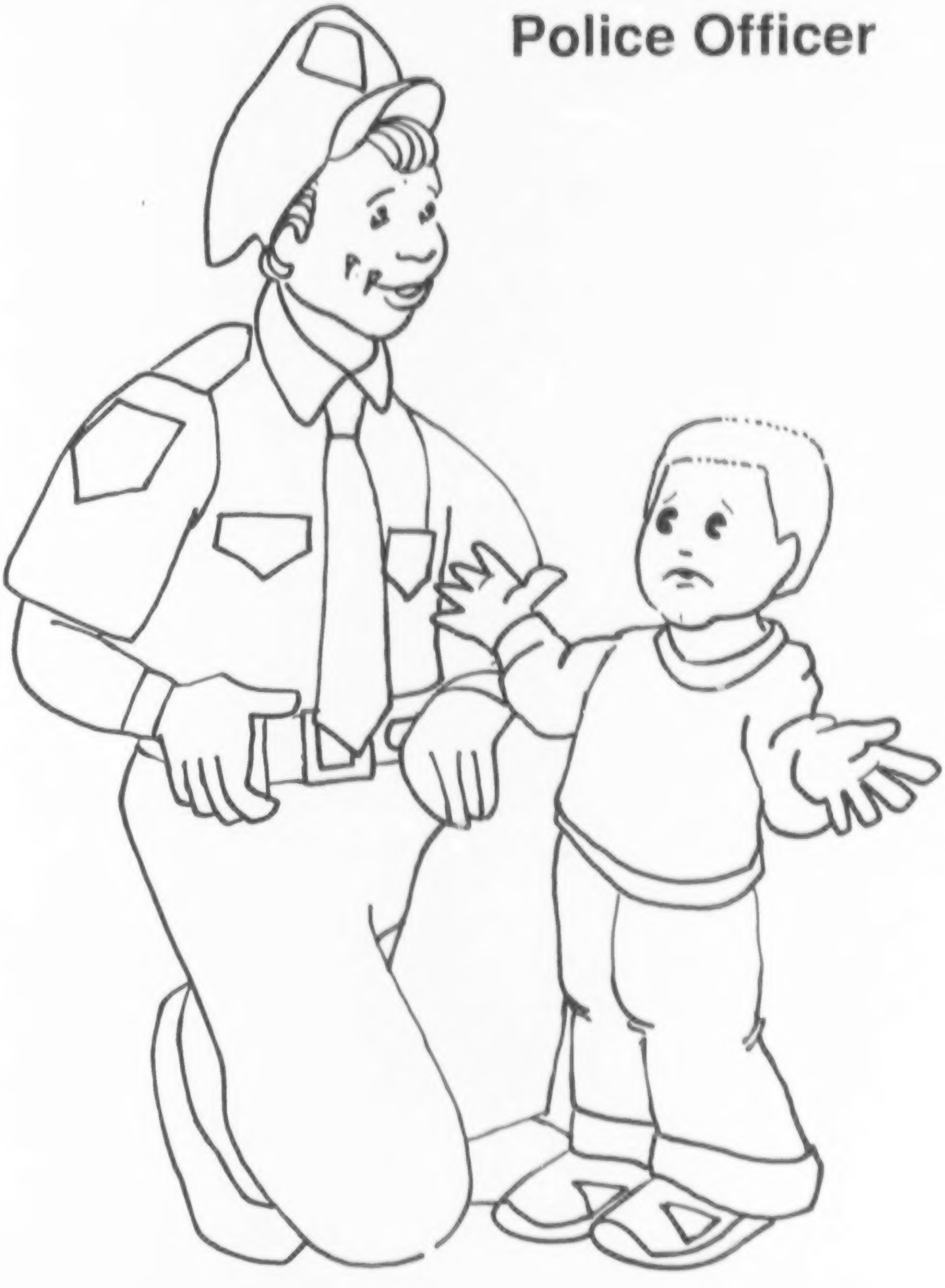
Pictures demonstrating:
- kindness
- sharing
- courtesy
- helpfulness

Book suggestion:
Keep Your Old Hat
by Anna Grossnickle Hines
E.P. Dulton, NY, 1987.

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to observe and role play socially responsible behaviors in a variety of situations.

Police Officer



Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.C-6. Recognize the importance of accepting personal responsibility for group success.

III.D-2. Recognize and demonstrate responsible behavior as a social responsibility.

ASSESSMENT CRITERION

Demonstrate ways to show courtesy and respect to others.

ACTIVITIES & STRATEGIES

Ask students to name some ways of showing kindness. Examples are:

- helping a student who fell down at recess
- helping the teacher erase the chalkboard
- telling someone they are nice and friendly
- helping someone pick up crayons he or she dropped

Divide the class into two groups. Ask one group to draw pictures and the other group to demonstrate with puppets ways of showing respect for others such as:

- saying "please"
- saying "thank you"
- taking care of things that belong to other people
- listening politely
- not interrupting while someone else is speaking
- obeying school and classroom rules
- obeying parents

Display the students' pictures on a bulletin board entitled "Showing Respect."

RESOURCES & MATERIALS

Pictures demonstrating:

- kindness
- sharing
- courtesy
- helpfulness

Paper, crayons, and puppets
Letters for title of bulletin board
Bulletin board

Book suggestions:
Sharing by Susan Riley
Saying Thank You by Colleen L. Reece
Saying Please by Jane Belk Moncure

ESSENTIAL ELEMENTS

- *Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to show respect for individuals in the diverse school population.*
- *Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to learn school and classroom routines.*

LESSON OBJECTIVES

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Demonstrate ways to communicate positively.

ACTIVITIES & STRATEGIES

Introduce the lesson with examples of expressions of positive thoughts and feelings. Begin with a handshake and work up to a hug. Explain that there are some people we would only feel comfortable shaking hands with and others (we know them better) we would hug. *Emphasize that you do not have to hug or kiss if you don't want to.* "Say 'no' if you don't want to hug or kiss someone."

Ask the students to use hugs (or an alternate activity*) to communicate positively. Start the activity with one hug and continue to big groups as everyone is included in a giant hug.

- Play cheerful music while students hop and skip around the room.
- Stop music. Each student must choose a partner to hug.
- Start and stop music several times and ask students to find another partner to hug each time.

To conclude the lesson, ask all students to join together in a gigantic hug.

*Alternative activities:
- nod and smile
- shake hands

RESOURCES & MATERIALS

Music of choice, tape player or record player

TEACHER TIP

Watch for a student or students who may be left out. To make sure everyone is included, you can announce a game to be played between the class and the teacher with scores to be kept on the board. If any student is left out, the teacher gets a point; if all children are included, the children get a point. Another option to make sure that everyone is included is to ask the students to hug someone that has a different color of hair, eyes, shoes, clothes, etc.

ESSENTIAL ELEMENT

Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to experience positive, supportive interactions with adults and peers.

BEST COPY AVAILABLE

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-3. Develop and utilize skills for coping with change, success, and failure.

ASSESSMENT CRITERION

Identify positive and negative attributes and consequences of change, success, and failure.

ACTIVITIES & STRATEGIES

Read the book, *The Little Engine That Could*, to the class.

Explain that we all have successes (things we can do) and failures (things we need to try again). Give examples of successes students may have had such as:

- crossing the monkey bars
- writing their names
- tying their shoes
- singing
- washing their faces
- combing their hair

Allow students to tell about one success they have had and one thing they are going to try again. What, if any, changes will they make?

Explain that it takes both success and failure to learn and grow. Emphasize that "If at first you don't succeed, try, try again." Allow students to practice positive phrases such as I can, I will try, I will do my best.

RESOURCES & MATERIALS

The Little Engine That Could
Platt & Munk, publisher, 1984

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize successes and feel pride in work.

Prekindergarten

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Identify qualities, characteristics, physical attributes, attitudes, and beliefs that make each individual special.

ACTIVITIES & STRATEGIES

Read a book out loud to the class concerning the subject of individuality. Talk about concepts in the book.

Give each student a block (or a paper square) of a certain color. Ask students to sit in line with other students with the same color while they hear a story read. Explain to the students that they have recognized something they have in common with others.

Organize the class into a circle. Emphasize personal uniqueness within the group. Ask students to name something special about themselves that sets them apart from the group. Tape each student's response. Play the entire tape back for the class.

RESOURCES & MATERIALS

Multi-colored construction paper

Book suggestions:
People (being different) by Peter Spier
The Luckiest One of All by Bill Pat
You Look Ridiculous Said the Rhinoceros to the Hippopotamus by Bernard Weber
Why Am I Different? by Norma Simon

Tape recorder

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy ways of expressing thoughts, feelings, and opinions.

ACTIVITIES & STRATEGIES

Before this activity begins, meet with each student to discuss one activity in which the student feels successful.

Divide the class into two circles, one inside the other.

Instruct the students that as the music plays, they will circle in opposite directions.

When the music stops, the students will stop walking, face a partner and shake hands, introduce themselves, and tell one thing that they feel successful about. Statements might include the following:
- I'm good at drawing pictures.
- I'm good at riding my bike.
- I'm good at helping my little sister (or brother).
- I'm good at singing.

Quickly start the music again. Have the students join hands and circle until the music stops, and the previous step is repeated.

Repeat the sequence with a handshake and a new partner each time the music stops.

A variation might be to involve another class, letting each class make a circle.

A simpler variation is to have the students circle to music in a one-circle formation. When the music stops, call on several students to move to the center of the circle and have each in turn tell what he or she is good at.

RESOURCES & MATERIALS

Record or cassette tape, record player or cassette player

Book suggestion:
Discovering Self-Confidence by Patricia M. Kramer

ESSENTIAL ELEMENTS

- *Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.*
- *Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to engage in cooperative activities.*
- *Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to show respect for individuals in the diverse school population.*

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify characteristics of a positive self-concept in oneself and others.

ACTIVITIES & STRATEGIES

Pass out hand mirrors to as many students as possible. Students may take turns using the mirrors.

Ask students to look into the mirrors. Point out that brown eyes, freckles, etc. are features. Ask them to notice at least two features about their faces. Tell them to close their eyes and remember these two features.

Allow the students to tell the two things they noticed about their faces. Encourage them to be as specific as possible. Ask them to tell you the features. Write the features and the children's names on slips of paper. Put the slips into a box labeled "Ourselves."

Play "Who Am I?" with the class. Pull out the slips and read the features aloud. Have the class try to identify or guess the students described. Add identifying features if the class does not guess the identity after the first two features.

1. How many features do we have to know before we can guess the person?
2. Are each of us special in different ways?
3. What is your favorite feature?

RESOURCES & MATERIALS

Hand mirrors

Slips of paper, empty box or bag

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-7. Identify healthy ways to encourage and demonstrate compassion for persons with special needs.
III.B-6. Develop effective study and work skills.

ASSESSMENT CRITERION

Demonstrate concern for persons who are absent because of illness.

ACTIVITIES & STRATEGIES

If a class member (or familiar school person) has a confining illness of a week or two in duration, send a card from the class with everyone involved in the process. One example: Carve a stylized flower on a potato half; have each student dip the design in tempera paint and make a print on a large (12" x16") sheet. Fold the sheet to resemble a card. Write a message inside after a class discussion on what to say. A walk to the neighborhood mailbox to mail the card would be a good activity, too.

RESOURCES & MATERIALS

ESSENTIAL ELEMENTS

- *Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to learn how to make and maintain friendships.*
- *Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to develop a sense of belonging to a group.*

LESSON OBJECTIVES

I.A-2. Name some communicable and noncommunicable diseases.

ASSESSMENT CRITERION

Explore diseases that are communicable and noncommunicable.

ACTIVITIES & STRATEGIES

Ask students if they have ever "had a cold." Talk about colds being communicable (catching) and about ways to keep from spreading colds. Tell students to:

- wash their hands with soap before they eat and after using the restroom
- cover sneezes and coughs with tissue
- put used tissues in the wastepaper basket
- keep hands out of mouth and away from face
- tell someone if they are feeling ill
- use their own towels and washcloths and not someone else's

Remind students that colds are communicable or catching. Ask, "Do you know of some sicknesses that are not catching?" Respond to suggestions by identifying each condition as catching or not catching. Use an example of a problem with eyes—i.e., a person wearing glasses. Ask: "Can you catch that eye problem?"

Option:
Ask for volunteers to show how to use tissue to cover a sneeze or a cough and how to dispose of tissue properly.

Ask the students to trace their hand on a piece of paper. Assist students with the cutting. Ask the students to draw eyes and a nose on a paper plate. Assist the students with pasting the hands and tissue over the face on the pie plate. Explain that this is an excellent way to keep from spreading colds. Display all the work with a title such as "Cover Your Sneezes."

RESOURCES & MATERIALS

Tissues, paper plates, scissors, art paper, paste or glue, crayons

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ESSENTIAL ELEMENT

Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-2. Recognize the risk of contracting communicable diseases in some behaviors and situations.
I.B-5. Dispel myths and misinformation concerning some communicable diseases.
III.A-1. Access factual information on some communicable diseases.

ASSESSMENT CRITERION

Identify behaviors that place one at risk for communicable diseases.

ACTIVITIES & STRATEGIES

If students have previously participated in an *ESR III* activity using smiling and frowning faces to identify safe and unsafe behaviors, remind them. Review by holding up the correct card with several situations.

Explain to students that you will tell them something that may cause a person to get sick or that will help keep a person well. Show them how to hold up the correct card—smiling face or frowning face. "Get sick? Hold up a frowning face." "Stay well? Hold up a smiling face."

Situations could include:

- drinking soda from someone else's soda can
- washing your hands with soap and water
- going to bed on time
- hugging a friend who is feeling sick
- picking up a drug needle at the park
- putting your friend's dirty tissue in the wastebasket
- picking a sore because it itches
- covering a small cut with a band aid
- telling the teacher when something hurts
- taking a bite of a friend's candy bar
- breaking a candy bar in half and sharing it before taking a bite
- giving your dog a big kiss
- taking a walk

Talk about germs "so small we cannot see them" that can be on food, tissues, skin, and everywhere. Using a magnifying glass, demonstrate how small some objects are. Some germs spread disease from one person to another and from one thing or animal to a person. *Remember to do what is safe, not what is unsafe!*

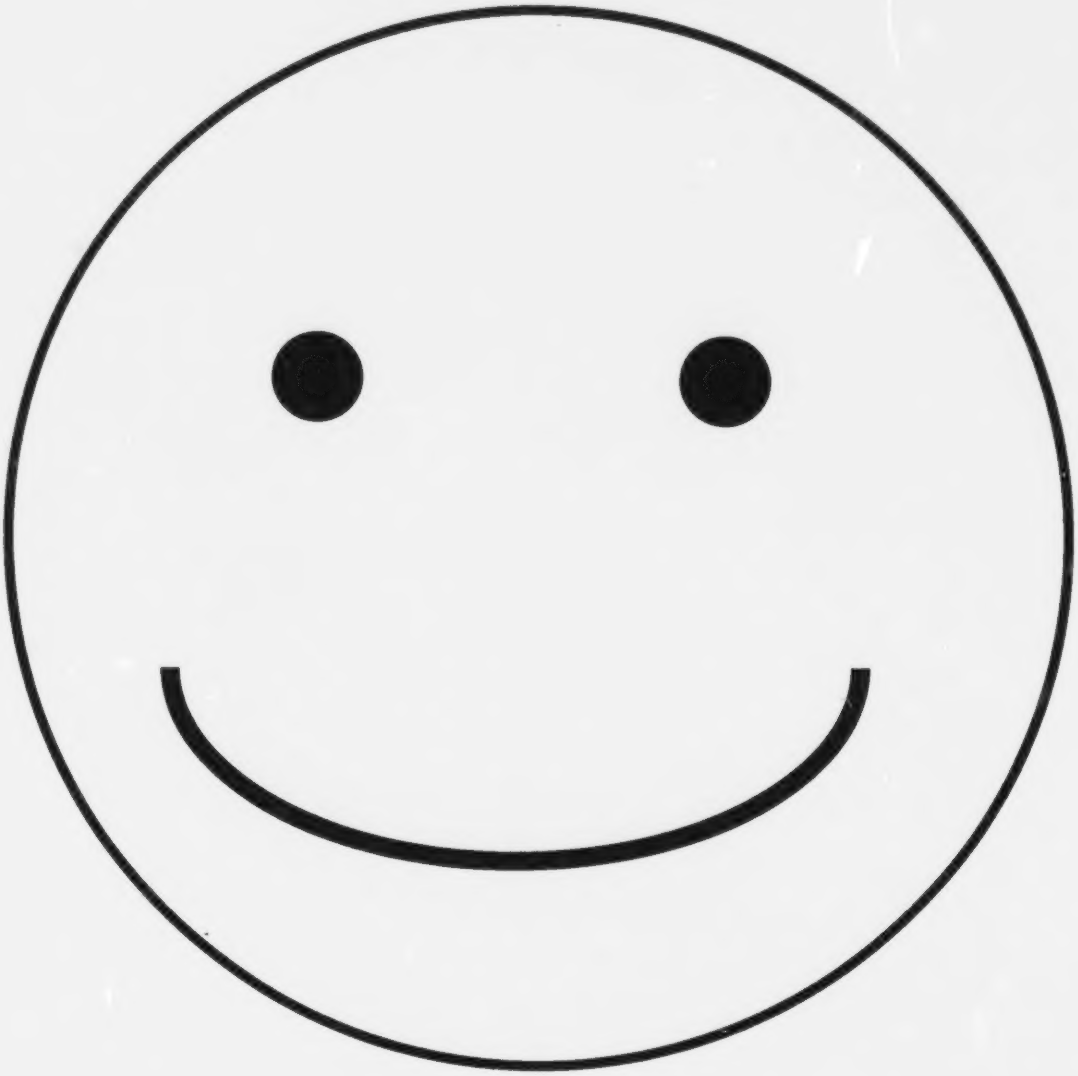
RESOURCES & MATERIALS

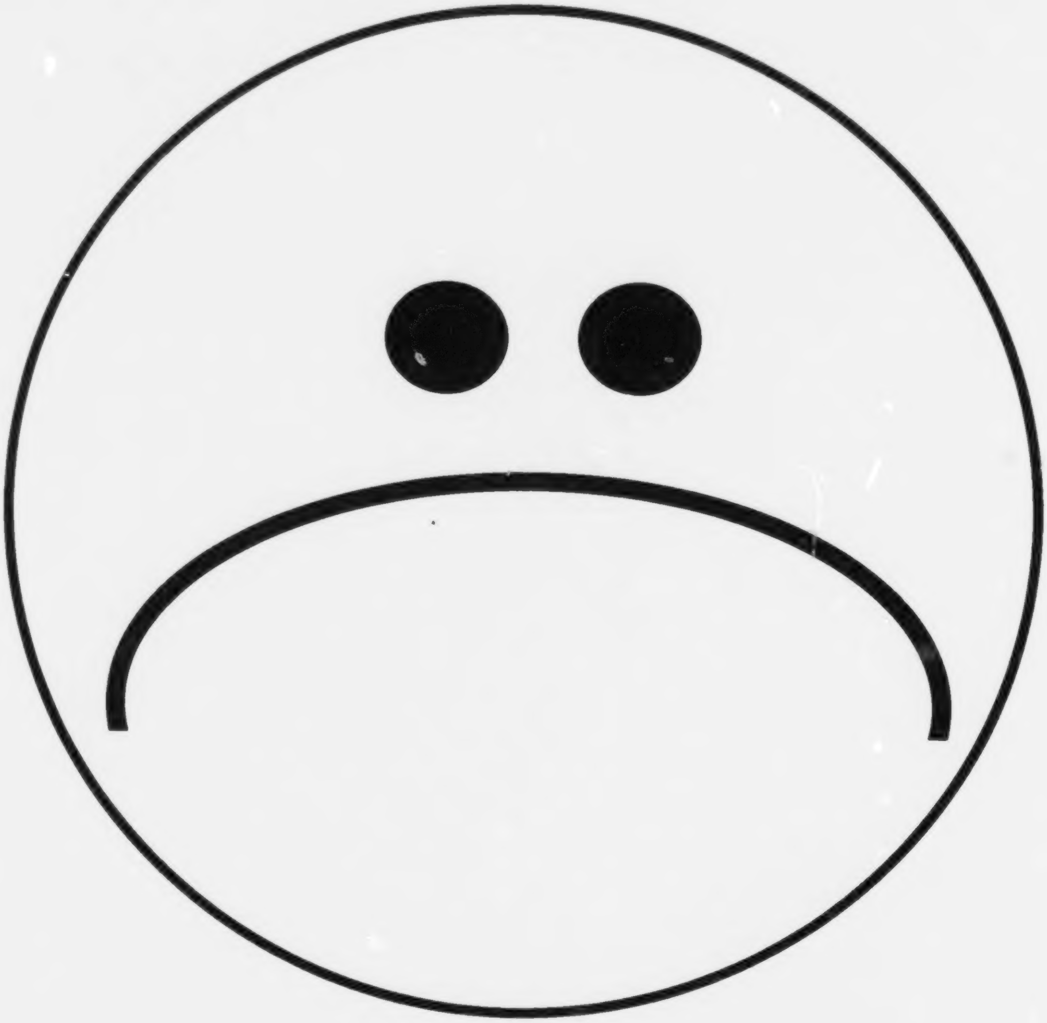
Two cards per student: one with a smiling face and one with a frowning face—different colors would also give another variable

Magnifying glass

ESSENTIAL ELEMENT

Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided with opportunities to recognize that routine health behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.





LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Practice healthy personal skills.

ACTIVITIES & STRATEGIES

Provide props in one part of the classroom for students to practice personal health and safety:
- dress up clothes
- dishes and eating utensils

Use teachable moments to demonstrate and practice handwashing, healthy eating habits, covering of nose and mouth when coughing and sneezing, proper disposal of tissues, napkins, etc.

Discuss examples of things students can do to stay healthy and safe. Encourage students to tell exactly how they can choose and help carry out these activities. Discuss the fact that it is not healthy for children to drink any kind of alcohol or to smoke tobacco. Emphasize also that children must not eat or drink medicine except when they are sick and the medicine is properly given by an adult.

Help children practice these skills during the school day. In a small group, ask students to name ways to stay healthy and activities that are unhealthy. Use words *healthy* and *unhealthy* at appropriate times.

RESOURCES & MATERIALS

Dress-up clothes, dishes, eating utensils, disposable tissues, napkins, etc.

Book suggestions:
Make the Most of A Good Thing: You! by Diana Shaw

Walt Disney's *Happy, Healthy Pooh Book,* Western Publishing Company, Inc., 1977

ESSENTIAL ELEMENTS

- *Aesthetic development. Theatre arts. The student shall be provided opportunities to engage in creative dramatic activities.*
- *Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.*

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Increase awareness level of unsafe behavior.

ACTIVITIES & STRATEGIES

Explain safe and unsafe or not safe risks.

Pass out to each student the two cards illustrated on the Teacher Resources. One has a smiling face for "safe" and the other has a frowning face for "unsafe."

Instruct students to respond to the statements you will read out loud by holding up the smiling face if their answer is "safe" and the frowning face if their answer is "unsafe." Ask the questions from the list below.

Situation: Safe/Unsafe

- I leave my tricycle in the driveway.
- I play with matches.
- I walk on the sidewalk not in the street.
- I use my parents' tools.
- I plug in the radio.
- I leave my house by myself.
- I only take medicine that my mom or dad gives me.
- I cross the street alone.
- I climb on the furniture.
- I walk in the halls.
- I run away from my parent in the store.
- I pick up my toys.
- I do not drink something if I don't know what it is.
- I only go swimming with a grown-up.

Ask the students:
- Which should you do–the "safe" or the "unsafe"?
- Have you been doing some of the "unsafe" things?
- What could happen if you do unsafe things?
- Will you tell your mother or grandmother that you learned about safe and unsafe today?
- Will you tell her one safe thing you did today?

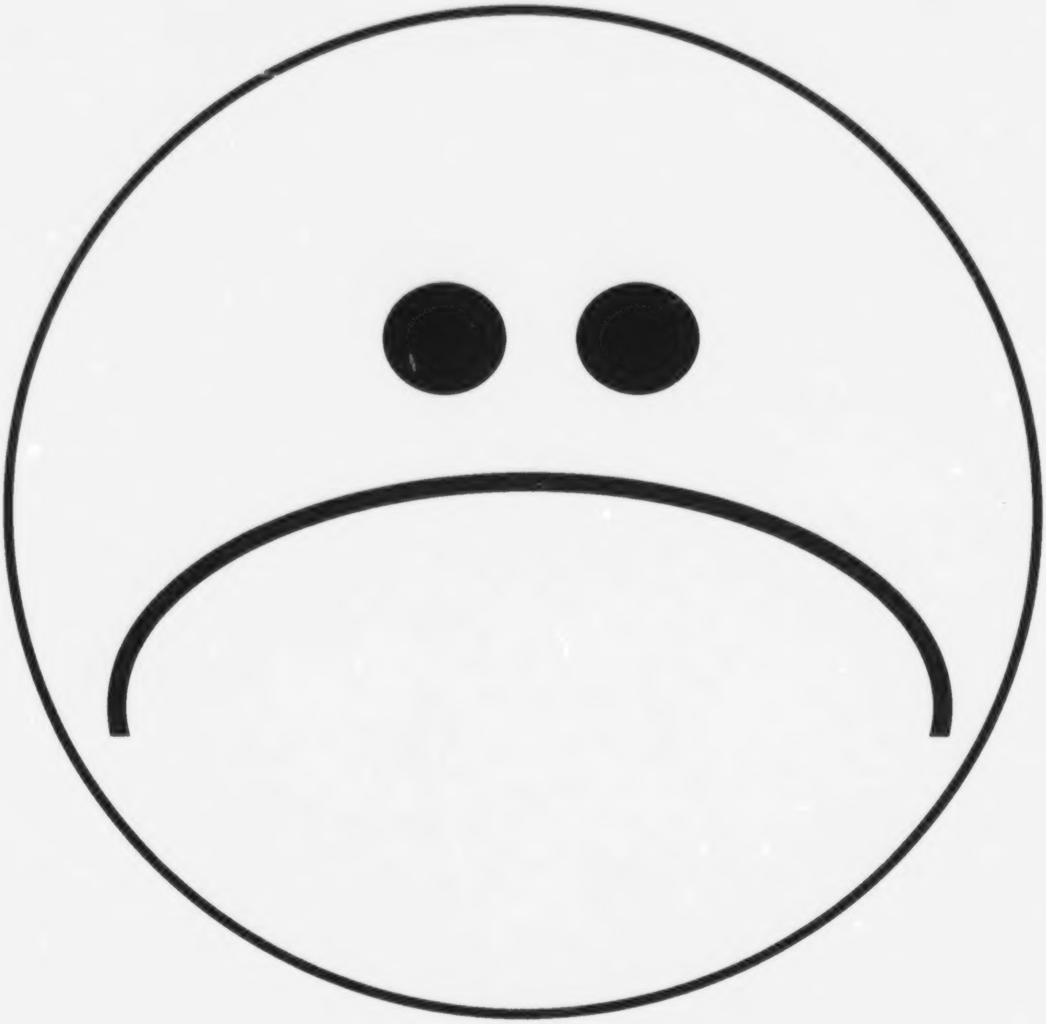
Ask the students to ask an adult to tell them one safe thing they did today. Students may volunteer answers to the class the next day.

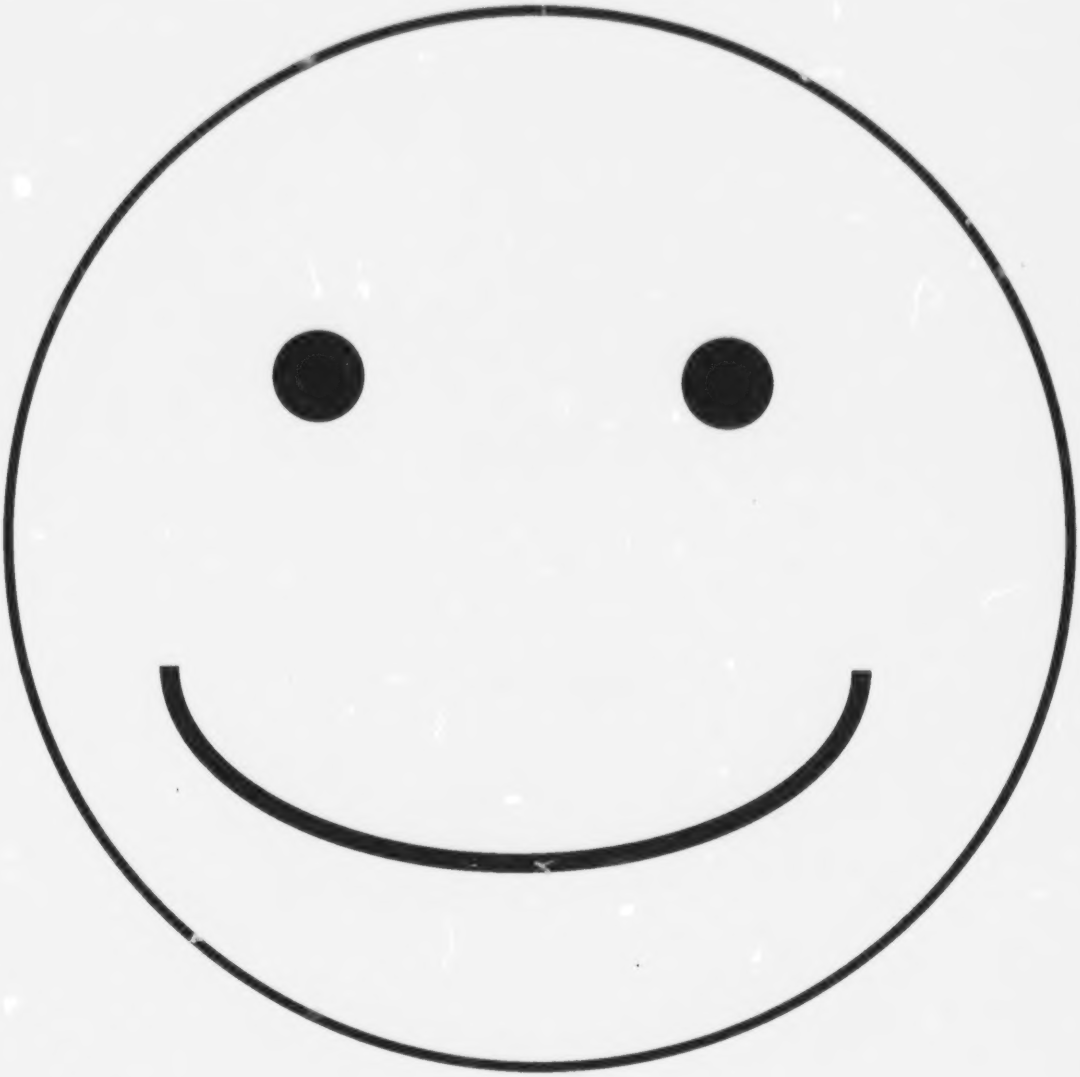
RESOURCES & MATERIALS

Teacher Resource (2)

ESSENTIAL ELEMENT

Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize common hazards in the immediate environment of children to avoid injury and prevent accidents.





Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.

I.B-4. Describe methods of transmission of some communicable diseases.

ASSESSMENT CRITERION

Identify habits that enhance safety and wellness.

ACTIVITIES & STRATEGIES

Ask students about places outdoors (park, yard, beach, playground, etc.) where they play.

Ask: "Do you ever find objects on the ground when you are out playing?" Concerning each item, discuss the proper procedure to follow—i.e., should they pick it up or not. Should they keep it or leave it where they found it? Should they eat or drink anything they find on picnic tables? Should they tell the adult with them?

Show students a picture of broken glass or sharp object and ask: "Have you ever seen anything like this on the ground where you play?" Emphasize: "Do not pick this up—the sharp edges can stick you and could make you sick. Tell the teacher (or the other adult) with you about the unsafe object. He or she will put it in the trash very carefully."

Also, caution students not to pick up blood-stained items. The blood may have germs.

Remind them that old, dried blood is brown not red.

RESOURCES & MATERIALS

Picture of broken glass, frayed electrical cord, broken bat, broken swing

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ESSENTIAL ELEMENT

Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize common hazards in the immediate environment of children to avoid injury and prevent accidents.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-1. Recognize methods of preventing, treating, and controlling some communicable diseases.

ASSESSMENT CRITERION

Demonstrate proper hand washing as a method of preventing the spread of germs.

ACTIVITIES & STRATEGIES

Explain to the students that they are going to wash their hands. Ask them to sit quietly. Give each student shaving cream the size of a golf ball or a little larger.

Pass out the worksheet, "My Healthy Decisions." Ask the students to draw a picture of a situation when it would be a healthy decision to wash their hands.

Lead a class discussion using the following questions:
- Why do we wash our hands?
- When should we wash our hands?
- Is it a healthy decision to wash our hands?

Demonstrate how they should wash the tops of the hands, between the fingers, and the palms. Tell them that dirt and germs can be on all sides of the hands and especially between the fingers.

When the lesson is finished, the clean-up is easy, and all the students' hands will smell good, too.

RESOURCES & MATERIALS

Desk tops cleared, two cans of shaving cream, paper towels, two sponges, sink with running water, or bucket of water

Worksheet: "My Healthy Decisions"

Book suggestion:
Spiffin, A Tale of A Tidy Pig
Mary Ada Schwartz
Albert Whitman and Company
Niles, Ill. 1988.

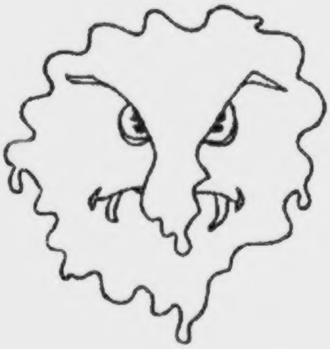
Teacher Resource

ESSENTIAL ELEMENT

Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.

NAME______________________________ DATE________________

My Healthy Decisions



Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-4. Avoid/minimize behaviors that may lead to disease, illness, and injury.

ASSESSMENT CRITERION

Describe the concept of *private*.

ACTIVITIES & STRATEGIES

Pass out the worksheets, "Boy Body Map" and "Girl Body Map." Ask students to identify which is a boy and which is a girl. Ask boys to stand; ask students to count the number of boys in the class. Repeat for girls.

Discuss clothing (swim suits) on figures. Explain that these clothing items cover body parts that are *private*. Ask students for the meaning of *private*. Say: "Private means it belongs to you and to no one else. Body parts that are private should not be touched except when someone like your mom, dad, or grandmother is cleaning you or checking to see if you're hurt or have a problem. Sometimes the doctor or nurse will also touch these parts when you are at the doctor's office."

Continue: "Private also means you should not touch the body parts that are under someone else's swim suit. Those parts are his or hers and are *private*."

Ask students if they have other items they recognize as theirs exclusively. Examples may be coat, cap, comb, bed, etc. Reinforce the concept of privacy via this discussion. Return to privacy of body; use body maps to review this concept.

Place body maps for easy viewing for several days and for review later in the year.

RESOURCES & MATERIALS

Worksheet: "Girl Body Map"
Worksheet: "Boy Body Map"

Teacher Tip

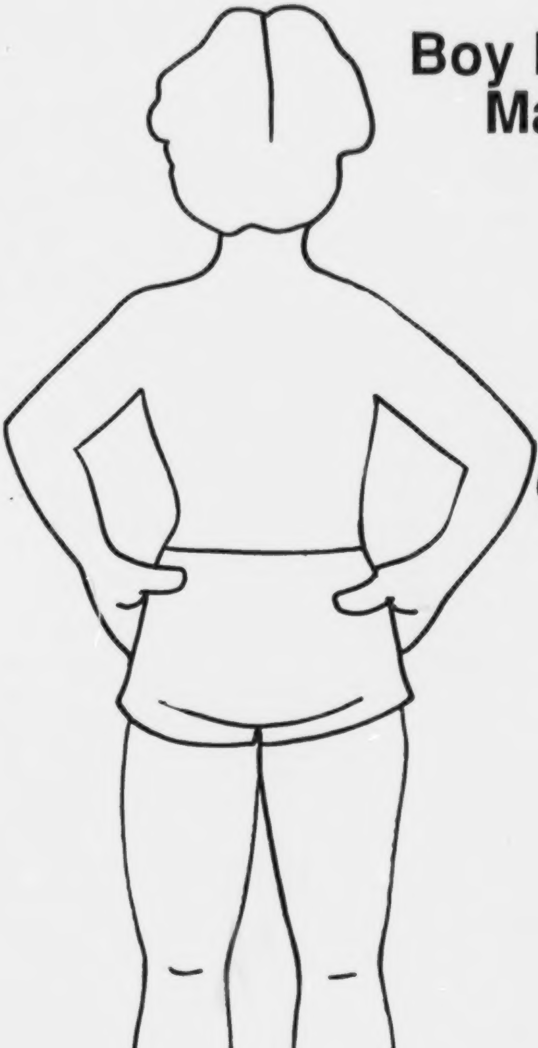
Age-appropriate activities on the prevention of sexual abuse/molestation/victimization are included in *ESR III* because incidences of children being infected with HIV through sexual abuse have been documented.

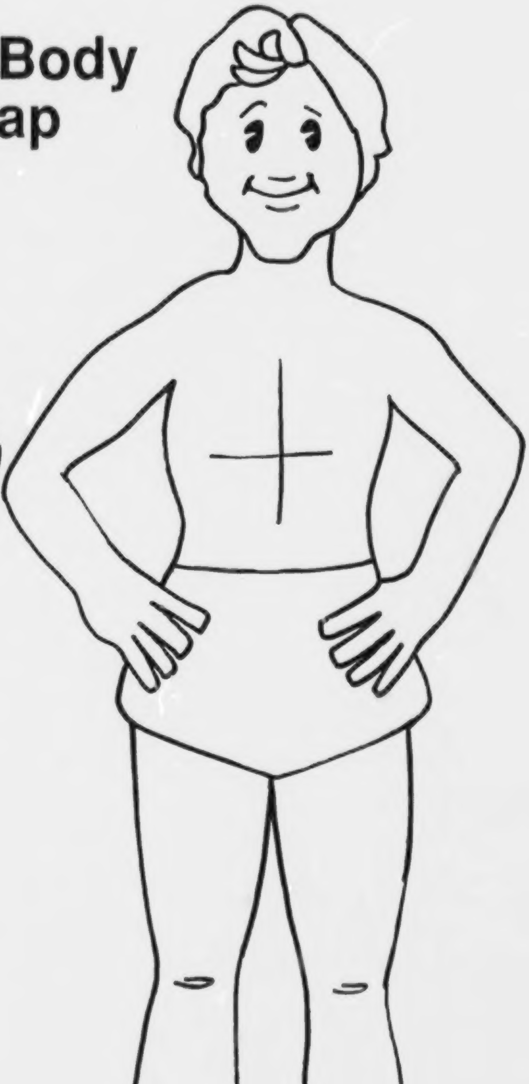
ESSENTIAL ELEMENT

Physical development. Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize common hazards in the immediate environment of children to avoid injury and prevent accidents.

NAME________________________________ DATE____________________

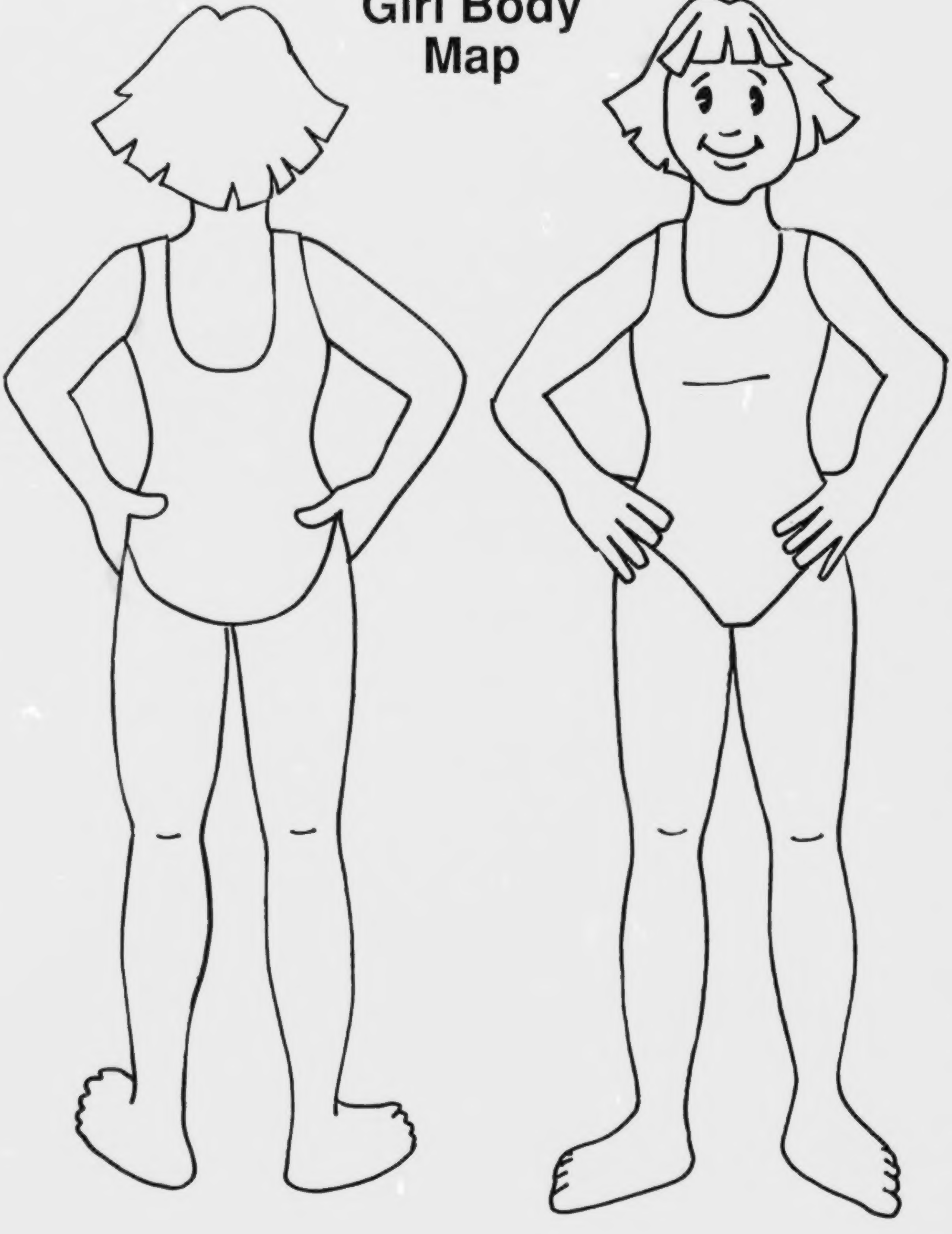
Boy Body Map





NAME______________________________ DATE____________________

Girl Body Map



Worksheet Prekindergarten

TEXAS EDUCATION AGENCY ESR III

LESSON OBJECTIVE

II.B-2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

ASSESSMENT CRITERION

Identify roles of selected health professionals.

ACTIVITIES & STRATEGIES

Use the Teacher Resource of health helpers that students are familiar with—doctor, dentist, and nurse. Talk about what each does to keep people well and to make sick people feel better.

Develop and play a role identification game:
Who does this—the doctor or dentist?
- cleans your teeth
- checks your ears
- teaches you how to brush your teeth
- asks you to open your mouth wide (both)
- feels your stomach
- gives you a new toothbrush
- tells you to say "ahhh!"
- tells you not to eat too much candy
- puts medicine and a bandage on a cut
- tells your mom or grandmother that you're a good patient (both)
- tells you to step on the scale
- helps you keep well (both)

Ask the students if any of their parents or their parent's friends have chosen a health helper profession. Invite a health helper to talk to the students. Discuss possible questions to ask when they visit the class.

Option:
Each student can tell a student from another prekindergarten class what they learned from the lesson and the visitor.

RESOURCES & MATERIALS

Teacher Resource

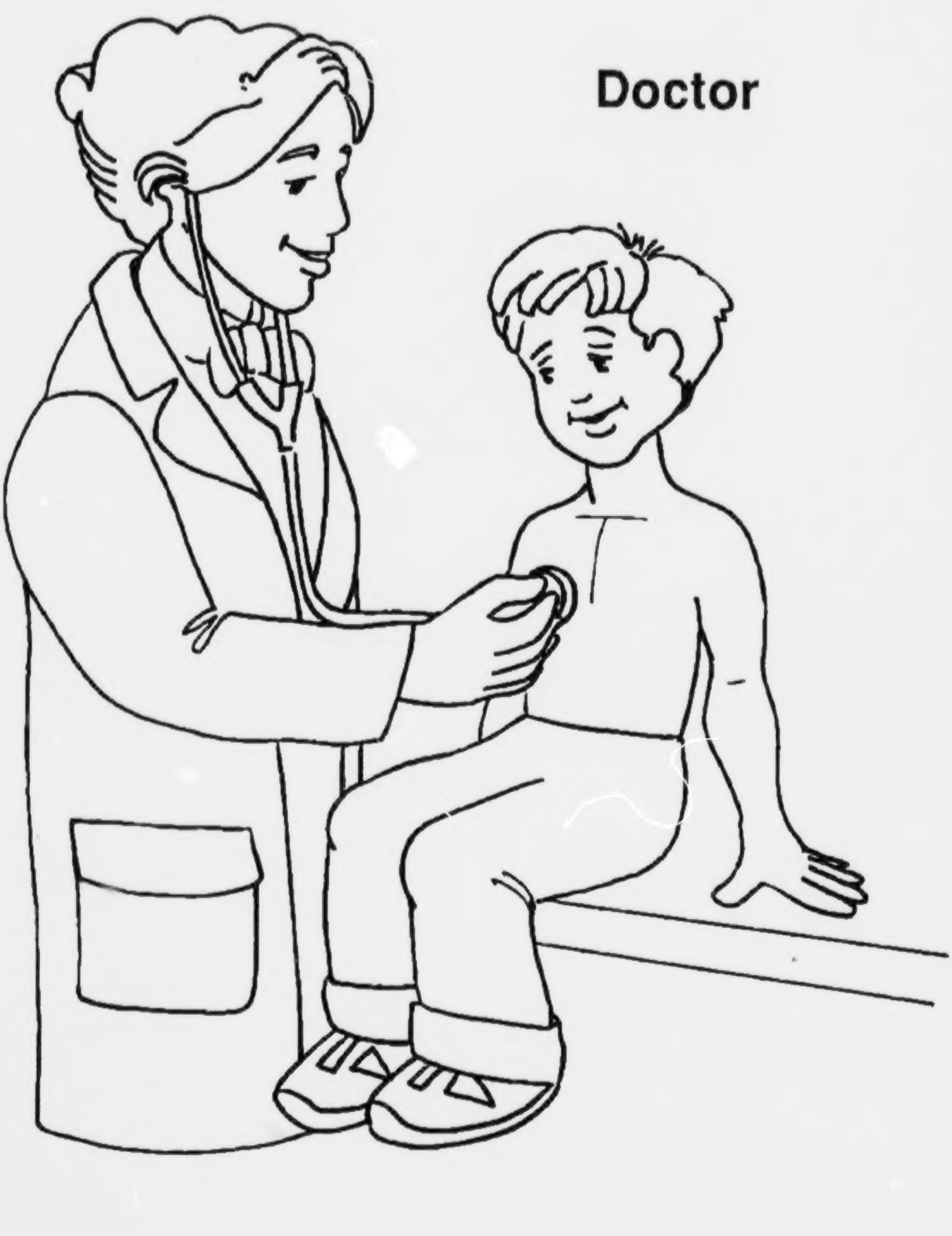
Toothbrush, bandage, play stethoscope

Book suggestion:
Doctor DeSoto by William Steig,
Scholastic Inc., 1982

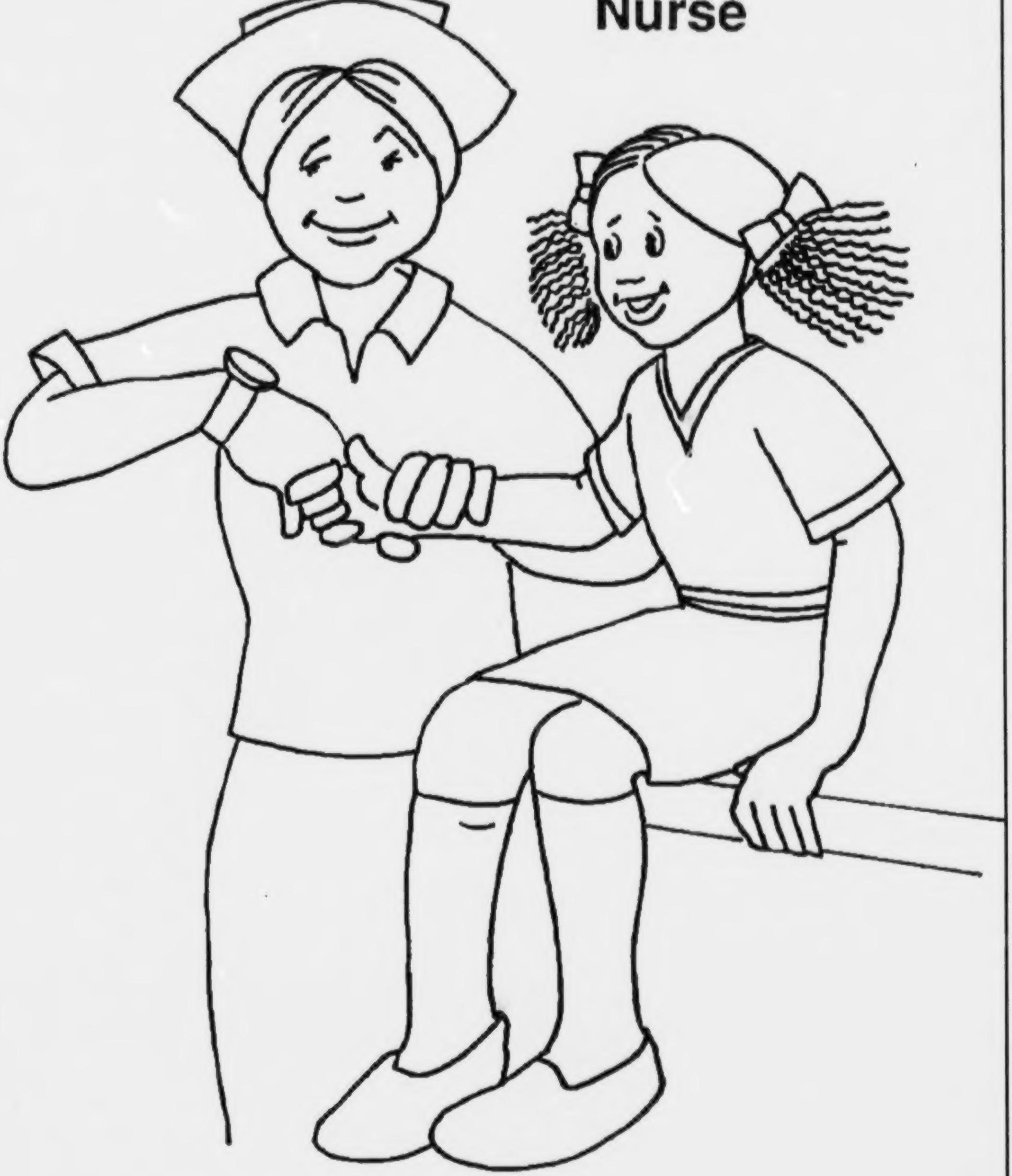
ESSENTIAL ELEMENT

Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to discuss ways people can help and learn from each other.

Doctor



Nurse



Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-4. Develop and practice effective communication skills.

ASSESSMENT CRITERION

Demonstrate skills that encourage avoidance of risk-taking behaviors.

ACTIVITIES & STRATEGIES

Ask students: "What does *dangerous* or *not safe* mean?"

Follow with: "Who tells you what is dangerous and not safe?" (parents, grandparents, teachers, etc.)

Ask students: "What can you do if someone wants you to do something dangerous or not safe?" Discuss individual answers. Have students clarify answers by asking them how would they refuse, how would they say "no," who would they ask for help, etc. Be certain that the following suggestions are included:

- Refuse to do it—say no.
- Stop playing with that person.
- If he or she continues to insist—get away from him or her.
- Suggest you do something else that is safe.
- Ask a grown-up you know for help.

RESOURCES & MATERIALS

Book suggestion:
What Should I Do? Learning to Make Choices by Roxanne Brown Knuz and Judy Harris

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ESSENTIAL ELEMENT

Intellectual development. Knowledge of communication. The student shall be provided opportunities to engage in conversation to achieve a variety of purposes including getting needs met, requesting, inquiring, sharing information, and playing.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-2. Demonstrate ways to help others who experience problems.

ASSESSMENT CRITERION

Identify examples of problems that a friend or family member might experience.

ACTIVITIES & STRATEGIES

Lead a discussion with the students concerning responsibility. Examine what each person in the family does to make the household run smoothly. Using pictures, illustrate and discuss the activities and responsibilities. Discuss the importance of each person taking responsibility for his or her chores and what happens if someone does not do an assigned job.

Talk about the same concepts relative to the classroom. Ask the students to imagine how the playground would look if this much trash was added to the playground each year. Have the students volunteer ways that trash can be kept off the playground (put in litter barrel, taken inside, etc.). Ask the children if they can tell you (without looking) where the litter barrels are on the playground. Would the playground be cleaner if more barrels were available?

Ask the custodian to come to your class and talk to the students about his or her job. Ask the custodian to tell how the job is done.

Ask the students:
- If the student who draws the task of erasing the chalkboards is allergic to chalk dust, what could someone do to help that student?
- How would this help the entire class?
- How would this help the helper?
- If the student who had the job of picking up papers/trash has to leave school early, what could someone do to help that student?
- How would this help the entire class?
- How would this help the helper?

Suggest to the students that maybe having more barrels would keep the playground cleaner. Have the class write a letter to the principal asking for more barrels. Seat the students in a group and compose a letter to the principal together. After the students have composed the letter, copy it, type it, show it to the children, and then mail it to the principal.

RESOURCES & MATERIALS

Cardboard, markers, pictures of family activities and responsibilities

Book suggestion:
Help by Susan Riley

ESSENTIAL ELEMENT

Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to discuss ways people can help and learn from each other.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Identify that all families are different, and recognize each person's contribution.

ACTIVITIES & STRATEGIES

Lead a discussion on families. Explain that a family is a team. A team is a group of people working together.

Ask the students, "Can you name the persons that are your family?" "Do you have two parents, one parent, stepparents, grandparents, living with you?

Read to the class the book, *Daddy Makes the Best Spaghetti*, or other options.

Discuss the roles of each family member at home. Ask the students:

- Does the woman always cook the food?
- Does the man always mow the lawn?
- Does a family grow stronger when everybody helps?
- How do you help at home?

As students tell ways to help at home, make helper coupons on slips of paper with their suggestions. For example:

- Good helper coupon–I will sweep the kitchen.
- Good helper coupon–I will set the table.
- Good helper coupon–I will feed the dog.
- Good helper coupon–I will pick up trash.

Give each student the coupon he or she wishes or suggested. Send a coupon home with each student.

On another day soon, talk or ask how the coupons were received. "How did you feel about helping?"

RESOURCES & MATERIALS

Book suggestions:
Daddy Makes the Best Spaghetti by Anna Grossnickle Hines,
Clarion Books, NY, 1986
Your Family, My Family by Joan Mescher, Walker and Company, NY, 1980
Families by Meredith Tax,
Little, Brown, and Co., Boston, 1981
Both My Parents Work by Katherine Lerner, Franklin Watts, NY, 1986

Teacher Resource

Teacher Tip

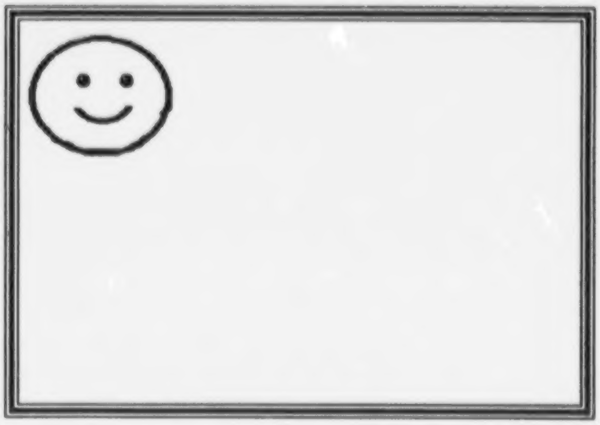
Emphasize the idea that everyone is part of a family, and help the children feel comfortable in whatever family setting they are in, regardless of its configuration. Promote the idea that family life can be a positive, life-balancing experience.

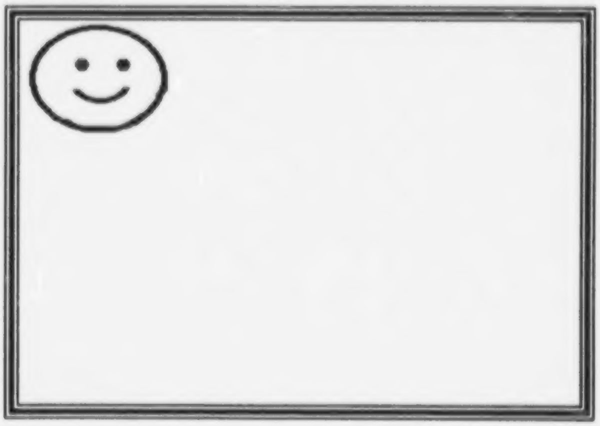
ESSENTIAL ELEMENT

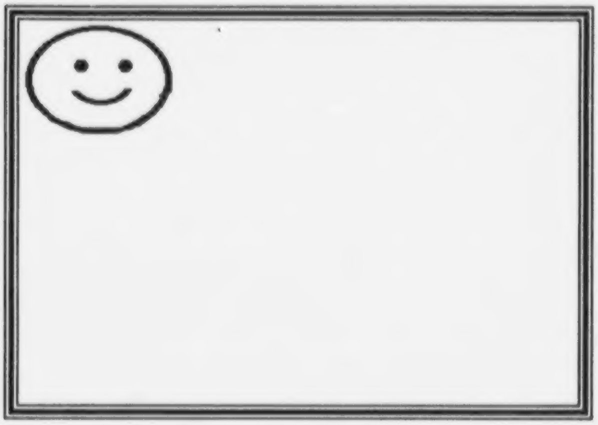
Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to recognize that there are different types of families, homes, and communities.

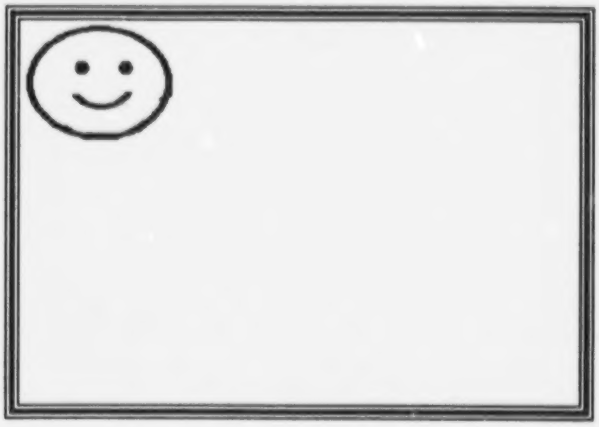
BEST COPY AVAILABLE

good helper coupons









LESSON OBJECTIVE

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Identify, illustrate, and tell about individual characteristics.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask each student to make a booklet entitled "Myself" with drawings showing personal characteristics and preferences. Have them do one page a day.

For example, pages could illustrate:
- members in the family
- pets
- favorite activity
- friends
- toy

Display booklets in front of the class. The teacher will talk about each booklet and ask the class to guess the author. After completion, ask the students to share their booklets with the entire class.

RESOURCES & MATERIALS

Manila paper, crayons, stapler, glue, glitter, yarn

ESSENTIAL ELEMENT

Intellectual development. Knowledge of communication. The student shall be provided opportunities to share ideas, feelings, and stories through activities such as dictating stories, conversation, and dramatic play.

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-1. Recognize some communicable diseases.

ASSESSMENT CRITERION

Name a minimum of two communicable childhood diseases; identify ways to minimize contracting those diseases.

ACTIVITIES & STRATEGIES

Talk about common diseases (sicknesses) children can contract (catch) from other people. Limit the discussion to diseases the students suggest and to diseases that are common in school settings—i.e., colds, flu, measles, chicken pox.

In discussion, explain and role-play a few good rules to minimize the spread of these diseases. Some examples are illustrated in the Teacher Resource which could be used to illustrate and teach the rules. A laminated copy may be useful on the bulletin board.

Close with reviewing the names of common childhood diseases that are communicable from one child to another. Also, assure students that these communicable diseases will soon go away. Doctors are working hard to find a cure or vaccine for some diseases. Use Teacher Resource to review the good health rules.

Note: If students suggest communicable diseases that are not common among children, assure them that children usually do not contract these diseases. This may be especially true of HIV/AIDS which students are hearing about via the media and adult conversations.

RESOURCES & MATERIALS

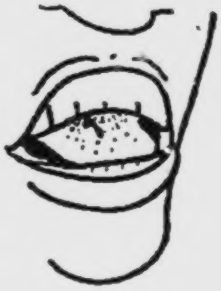
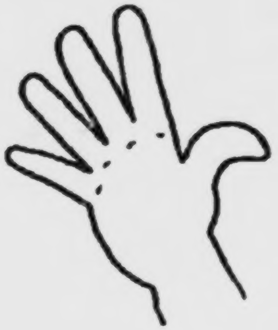
Teacher Resource

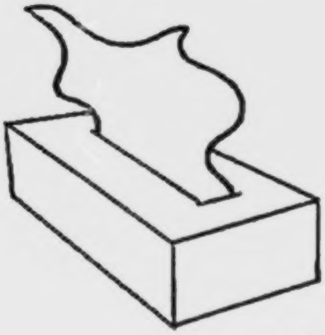
Teacher Tip

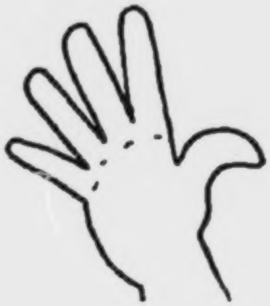
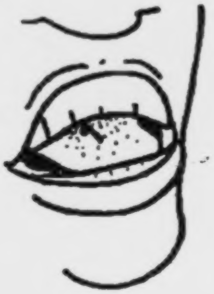
If a student in class or school has a chronic and evident health problem that is not communicable, be certain to include it in the lesson. Young children can be anxious about contracting the condition.

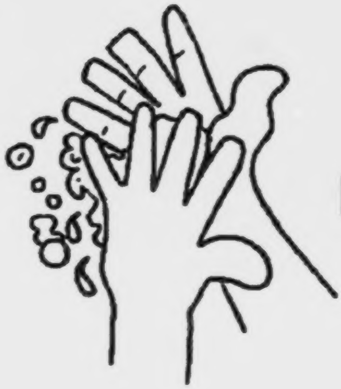
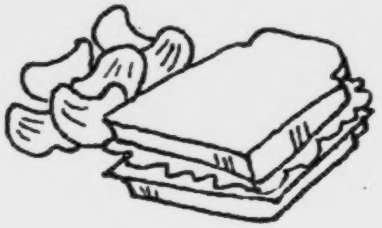
ESSENTIAL ELEMENT

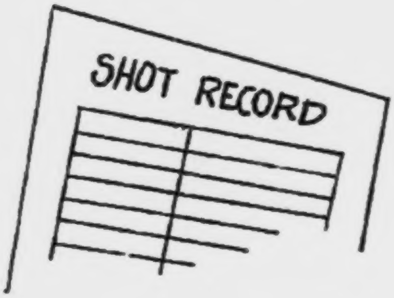
Cognitive development. Identifying. Know and practice rules of safety at home and at school.

cover  with your 

or a 

keep  out of 

wash  before 

have all your 

Prekindergarten

PK

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-8. Describe symptoms of some communicable diseases.
II.A-1. Recognize feelings and behaviors experienced by persons as a result of diseases.

ASSESSMENT CRITERION

Name persons to inform about illness and anxieties about illness.

ACTIVITIES & STRATEGIES

Talk to students about symptoms of illness. Relate these to students' own experiences with childhood illnesses–i.e., colds, upset stomachs, measles. Talk about how children react/behave when they are ill as compared to well.

Ask students who takes care of them when they are ill–i.e., parents, grandparents, teacher, nurse, doctor, etc. Remind students to inform important adults when they are ill. Talk about what these adults do to help children feel better.

If students refer to serious illnesses, remind them that children seldom have "bad sicknesses." Assure them that some diseases are mostly adult or grown-up diseases. Students frequently see or hear on television about critical, debilitating diseases like AIDS and may be fearful that they might contract that disease.

RESOURCES & MATERIALS

Book suggestion:
Learning About AIDS by Alvin Silverstein
(for ages 4-6)

ESSENTIAL ELEMENT

Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to observe changes in nature and daily events.

NOTES

NOTES

Education
for
Self-Responsibility III:

PREVENTION OF HIV/AIDS

Sample Lessons

GRADE K

Texas Education Agency

ESR III

LESSON OBJECTIVE

I.B-2. Recognize the risk for contracting communicable diseases in some behaviors and situations.

ASSESSMENT CRITERION

Demonstrate proper care of personal injuries involving blood.

ACTIVITIES & STRATEGIES

Ask students to recall the last time they had a cut or scrape or bloody nose. Make sure students know who at school could help with first aid.

Share with students the things that the nurse or another adult will do to treat a scrape, small cut, or bloody nose. Show students the kit used to treat these injuries.

Show them the gloves in the kit. Explain the importance of using gloves.

Explain that students should never touch another student's blood. Some germs live in blood; blood is like a germ's home, so do not touch blood. It may have germs that are dangerous.

Explain to students:
- that when skin is open from cuts and scrapes, dirt and germs can get into the body as well as come out
- the need for proper disposal of used bandages and tissues such as those found on the playground and on the classroom floor
- the importance of calling an adult when someone is hurt
- the importance of calling an adult to assist in cleaning up blood spills.

Transfer these concepts to a home setting.

Ask for volunteers to demonstrate proper care of personal injuries involving blood. Role-play situations in the Teacher Resource or others as appropriate for the class' needs.

RESOURCES & MATERIALS

First-aid material, gauze, bandage, infection control kit

Teacher Resource

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize common hazards in the immediate environment of children to avoid injury and prevent accidents.

Ask volunteers to act out the following situations involving young children:

- Tammy is walking in the park. She trips over a branch and cuts her arm. What should she do? (Responses should include: wash the cut carefully with soap and water, place a bandage on it, and tell a familiar adult.)

- Oscar was playing tag at school when he fell and hurt his knee. He saw he had scraped some skin and had gotten dirt in it. What should he do? (Responses should include: report the injury to the teacher or nurse.) What will the teacher or nurse do? (Wash the knee with soap and warm water, dry the knee, put a bandage on it.)

- Jesse runs into another boy while playing on the playground. Jesse gets a bloody nose. What should he do? (Responses should include: apply direct pressure to the bleeding nostril toward the middle of the nose. Use tissue to catch blood spills, report the injury to a teacher or the playground supervisor.)

- Gloria is with a friend who gets cut. What should Gloria do? (Responses should include: report the injury to a familiar adult, avoid contact with the friend's blood, wash with soap and water if she does have accidental contact with the friend's blood.)

LESSON OBJECTIVES

I.B-4. Describe methods of transmission of some communicable diseases.
III.D-1. Share correct information with peers and family.

ASSESSMENT CRITERION

Illustrate how skin helps keep germs out of the body.

ACTIVITIES & STRATEGIES

1. Germ barrier. Ask children to name ways that our bodies keep germs out. Skin is a barrier, tears kill germs, stomach fluids (*acids)* kill germs, etc. Show children a balloon filled with water. Tell children that the balloon keeps the water inside. In the same way, unbroken skin keeps the inside of the body safe. What is outside the body is safely kept out. Show children a balloon with small holes in it. Show how water can get in or out of the holes. Tell children this is how broken skin allows germs (water) to enter. Ask children for examples of ways skin can be broken.

2. Characteristics of skin. Tell children that the skin's ability to stretch helps keep it from tearing. This helps us to keep germs outside our bodies. Have children gently pull the skin at their elbows to feel this stretching. Ask children what would happen to elbow skin if it were not stretchy. What other examples of skin's stretch can they think of? Soft, stretchy skin is not as easy to tear as dry skin. Skin oils help keep the skin stretchy and soft. Tell children to look at their skin to see if it's dry. Talk about things that make skin dry and chapped.

3. Skin protection. What can we do to protect our skin? Divide children into two groups. Have each group join hands and form a circle. Tell children the circles represent the skin on different bodies. Ask a child from each circle to step into the middle of the circle to represent germs. Illustrate how skin prevents these germs from spreading sickness to others by asking the "germs" to gently attempt to move from their circle to the other. Tell circles (skin) to keep the germs inside. Ask students to let the student in the middle escape. Point out that even though one germ got out of its circle, it can't get into the other circle. Germs cannot enter our bodies because the unbroken skin keeps the germs out. Have both circles illustrate broken skin. Allow the germs to pass freely from circle to circle (body to body). Demonstrate how cleaning and bandaging broken skin can help keep germs out.

RESOURCES & MATERIALS

Two balloons

Activities & Strategies, examples
Skin can be broken by:
- cutting
- tearing
- puncturing
- scraping
- picking at scabs

Causes of chapped, dry skin are:
- environmental conditions
- heat, cold, humidity
- weather

Protect skin by:
- dressing warmly in cold weather
- putting oil on dry skin
- avoiding cuts and scrapes
- cleaning and covering breaks in the skin
- protecting against sunburn

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize common hazards in the immediate environment with children to avoid injury and prevent accidents.

LESSON OBJECTIVES

I.B-6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.

III.D-2. Recognize and demonstrate responsible behavior as a social responsibility.

ASSESSMENT CRITERION

Name healthy decisions appropriate at school and at home.

Grade K

K

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Use the story of *The Three Little Pigs* to teach concepts of healthy/unhealthy decisions. Read the story or tell it with puppets. Ask students:

- "What did one little pig decide to use to build his house?" (Second pig?) (Third pig?)
- "Was the decision to build a house out of straw a good one?" "Why?" (Wood—why?) (Brick—why?)
- "Which little pig made the best, the healthy decision?"
- "Why do you think he made that decision?"
- "Do you suppose he thought about how strong a house of brick would be?"
- "Do you suppose he thought the wolf couldn't blow a brick house down?"

Ask: "Which little pig was the best decision maker?" (He thought about the best way to build the house, and he built it that way, etc.)

Remind students that they are good, healthy decision-makers, too. Ask volunteers to tell good, healthy decisions they have made. Add other healthy decisions you want to encourage in the classroom, at school, and at home.

Ask students who helps them make healthy good decisions at school and also at home. Remind them of nurses, doctors, school cooks, crossing guards, librarians, etc.

RESOURCES & MATERIALS

The Three Little Pigs, book and/or puppets

ESSENTIAL ELEMENT

Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to predict cause/effect relationships: draw conclusions and predict outcomes based on experience.

LESSON OBJECTIVES

III.A-2. Identify and practice personal safety and good health habits.

III.A-4. Avoid/minimize behaviors which may lead to disease, illness, and injury.

ASSESSMENT CRITERION

Demonstrate personal safety skills.

Grade K

K

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Teacher and class will identify rules such as traffic rules, school rules, and class rules students must obey.

Follow the discussion of traffic, school, and class rules with a discussion of rules for body safety.

Say: "Sometimes a person wants you to do something you know your mother, dad, or grandmother doesn't want you to do. Maybe they want you to eat or drink something, and you don't know what it is. Should you do it? What can you do?" (Suggest they say no, get away, tell someone.)

Continue: "Maybe that person wants to touch the private parts of your body. The private parts of your body are all the parts under your swim suit. Should the person do that? What can you do?" (They can say no, get away, tell someone.)

Continue: "What if that person wants you to touch his or her private parts. What can you do?" (They can say no, get away, tell someone)

To review these concepts, use dolls and/or animals from the play corner. Students can pantomime rules of body safety by using these to demonstrate saying no, getting away, and telling someone.

Ask the students to name persons that they can go to for help. For example:

- parent
- guardian
- teacher
- school nurse
- grandparent
- big brother or sister
- principal

Develop and use a short, specific rule like: "My body is private." Have students repeat the rule. Ask: "Now what is the rule for your body?"

RESOURCES & MATERIALS

Stuffed animals or dolls

Teacher Tip

Age-appropriate activities on the prevention of sexual abuse/molestation are included in *ESR III* because incidences of children being infected with HIV through sexual abuse have been recorded.

Book suggestion:
Help Yourself to Safety: A Guide to Avoiding Dangerous Situations With Strangers & Friends by Kate Hubbard and Evelyn Berlin

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ESSENTIAL ELEMENT

Social /emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to demonstrate emerging self-discipline and autonomous behaviors through decision making and self-selected activities.

LESSON OBJECTIVES

III.B-9. Set and pursue appropriate short-term goals.
III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Identify responsibilities in families.

ACTIVITIES & STRATEGIES

Define the word *responsibility*. Ask for responses from the students to clarify their understanding of the term.

Review classroom/school responsibilities. Discuss home responsibilities:

- What are responsibilities parents have?
- What are responsibilities older brothers and sisters may have?
- What responsibilities do they (older siblings) have for younger children?
- What responsibilities do students have at home?

Discuss the importance of the family working together as a team with everyone taking care of his or her responsibilities. Suggest that students talk to parents and offer to be responsible for appropriate tasks.

RESOURCES & MATERIALS

Book suggestion:
Responsibility by Linda Carls Johnson

ESSENTIAL ELEMENTS

- *Social/emotional development. Social development. The student shall be provided opportunities to engage in cooperative activities.*
- *Social/emotional development. Social development. The student shall be provided opportunities to identify ways people can help and learn from each other.*
- *Social/emotional development. Social development. The student shall be provided opportunities to identify how basic human needs (e.g. food, clothing, shelter) are met by different people.*

LESSON OBJECTIVE

I.B-4. Describe methods of transmission of some communicable diseases.

ASSESSMENT CRITERION

Identify how to prevent transmission of diseases by practicing personal health practices.

ACTIVITIES & STRATEGIES

Disease can be caused by germs. Germs can be spread from one person to another. Handwashing is one way to prevent the spread of germs. Keeping hands and fingers out of the mouth is another way.

Show the drawing of a germ. Explain that a germ is too small to see without a microscope and that this is only a funny picture of a germ. We don't see germs, but they're there.

Explain basic handwashing techniques to students (Teacher Resource). Use two volunteer students to demonstrate the steps.

Have one-half of the students rub a small amount of colored chalk on their hands. Have the students shake hands with a class mate, touch pencils, door knobs, desks, the drinking fountain, etc. to show how widely germs can be spread.

Ask students to experiment with various handwashing techniques (incorrectly): no soap, cold water, not lathering, etc. to illustrate the necessity of each step in the handwashing technique. Have students compare the results.

Ask students:
- If colored chalk were germs, what are some ways germs are spread?
- Who is responsible for regular handwashing? (Discuss personal responsibility.)
- Why is it important to protect the skin from germs? (Skin defends or shields the body from germs and assists the body in disease prevention.)

RESOURCES & MATERIALS

Teacher Resource (2)

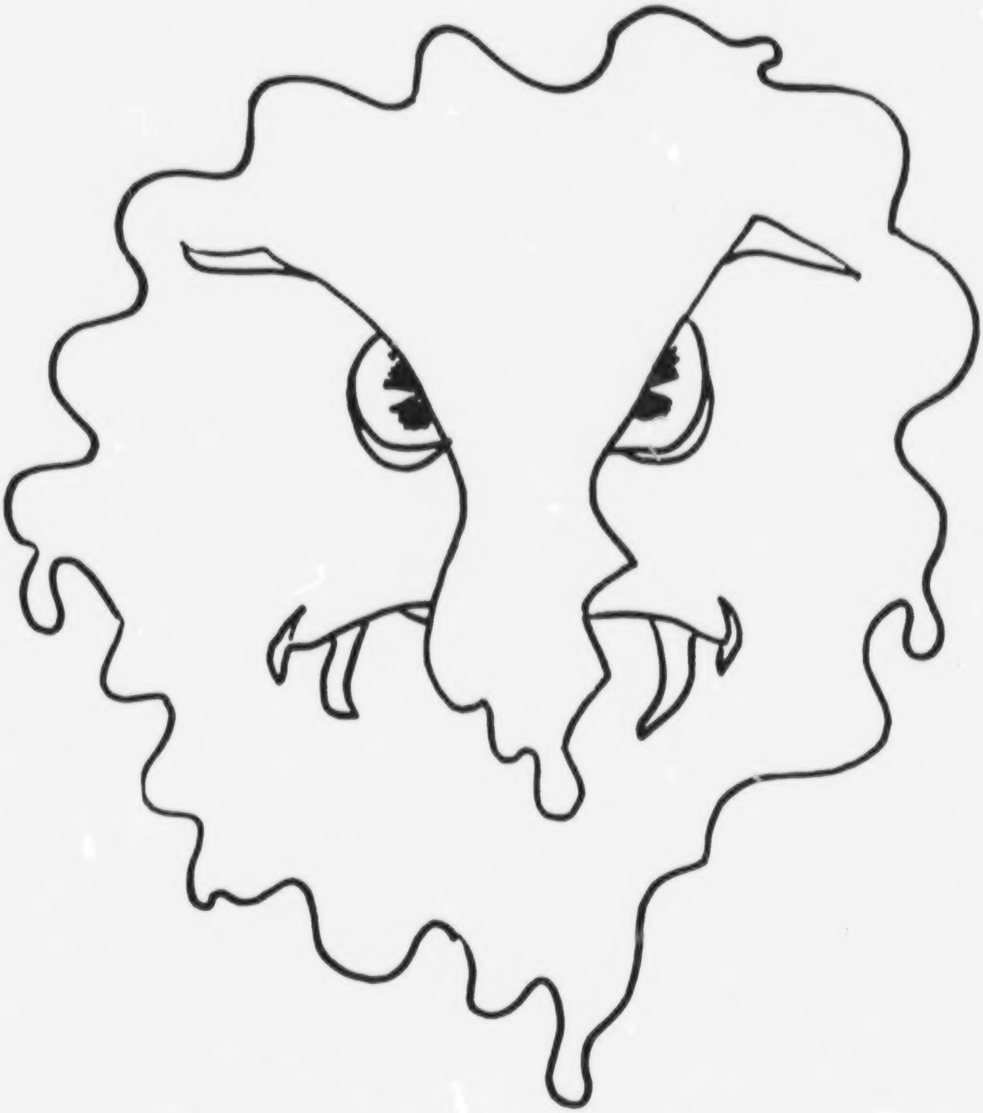
Colored chalk

Objects to use in demonstration such as pencils and door knobs

Hand soap, facility for washing hands

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.



How to Wash Your Hands

Turn on the faucet. Wet hands and wrists with water.

Lather well with soap.

Scrub for at least 10 seconds. Include:
- wrists
- top of hands
- palms of hands
- between fingers
- under fingernails

Rinse thoroughly.

Turn off faucet with a paper towel.

Dry hands with a paper towel.

Throw towel in wastebasket. Do not touch basket with clean hands.

When to Wash Your Hands

Before:	Eating
	Touching pills or medicine
	Handling food
	Bandaging a cut
After:	Eating
	Touching pills or medicine
	Handling food
	Bandaging a cut
After:	Using the bathroom
	Playing with pets
	Blowing or wiping nose
	Stopping a bloody nose or any bloody cut
	Touching a dirty object

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-1. Recognize methods of preventing, treating, and controlling some communicable diseases.

ASSESSMENT CRITERION

Demonstrate correct methods and times to wash hands.

ACTIVITIES & STRATEGIES

Discuss the importance of hand washing to prevent the spread of germs/diseases.

Demonstrate the correct way to wash hands; see Teacher Resource. Have students count to 10 as you scrub your hands. Ask volunteers to demonstrate correct hand washing; ask observers to critique.

Discuss important times to wash hands with emphasis on *before* and *after* specific activities; see Teacher Resource.

Review concepts of before and after to ensure that students recognize these positional relationships. Act out these activities.

Talk about some diseases that may be spread if people don't wash their hands. Include such familiar ones as colds, flu, pink eye, etc. Remind students to wash their hands well if they've touched something bloody. Explain that blood can have germs in it.

Option:
Hand-washing activity could be demonstrated with shaving cream.

RESOURCES & MATERIALS

Dishpan (or classroom sink), soap, paper towels

Teacher Resource

Shaving cream

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.

How to Wash Your Hands

Turn on the faucet. Wet hands and wrists with water.

Lather well with soap.

Scrub for at least 10 seconds. Include:
- wrists
- top of hands
- palms of hands
- between fingers
- under fingernails

Rinse thoroughly.

Turn off faucet with a paper towel.

Dry hands with a paper towel.

Throw towel in wastebasket. Do not touch basket with clean hands.

When to Wash Your Hands

Before: Eating
Touching pills or medicine
Handling food
Bandaging a cut

After: Eating
Touching pills or medicine
Handling food
Bandaging a cut

After: Using the bathroom
Playing with pets
Blowing or wiping nose
Stopping a bloody nose or any bloody cut
Touching a dirty object

LESSON OBJECTIVES

I.B-8 Describe symptoms of some communicable diseases.
III.C-5. Develop and practice healthy ways to express thoughts and feelings.

Grade K

K

TEXAS EDUCATION AGENCY

ASSESSMENT CRITERION

Demonstrate positive ways to share concerns with peers.

ACTIVITIES & STRATEGIES

Ask: "What are some ways we can tell if someone is sick?" "Now here's a big word—we call those signs that someone is sick (like sneezing) a *symptom.*"

"What are some symptoms that show someone may be sick?" "Do you remember how you felt when you knew you were getting sick?"

Remind students that we should be careful around someone who has symptoms of sickness. Ask why we should be careful. "Yes, maybe the sickness is contagious. When students have temperature or rashes or when they sneeze or cough a lot, what should we do?" (Give them tissues, don't touch or hug them, tell them to check with the nurse, call their parents.

Suggest ways students can help another student who is ill without personal risk.

Option:
Have one student play the role of an ill student by having him or her act out symptoms. Ask another student to respond in a healthy but positive way.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to observe and role play socially responsible behaviors in a variety of situations.

LESSON OBJECTIVES

I.A-1. Recognize some communicable diseases.
I.A-2. Name some communicable and noncommunicable diseases.

ASSESSMENT CRITERION

Describe the difference between sick and being well and recognize that some diseases are caught and some are not caught.

ACTIVITIES & STRATEGIES

Ask the class to answer questions distinguishing contagious from noncontagious illnesses. For this age student, call contagious and noncontagious illnesses, "sickness you can *catch* from a person who has it or *not catch* from a person who has it."

Examples:

- Ann has chicken pox. Mary wants to see Ann's spots. Should she visit Ann? What might happen if Mary visits Ann?
- Bill's grandpa is living at Bill's house since he had a heart attack. Bill wants Jerry to stay overnight. Can Jerry catch a heart attack from Bill's grandpa?

Encourage students to continue to create their own story lines. Other illnesses or conditions could include flu, measles, earache, broken arm, cold, pink eye, whooping cough, etc.

Remind students that some sicknesses are mainly adult sicknesses. Some children may be anxious about diseases and/or conditions they see portrayed on television—i.e., disfiguring/crippling conditions, AIDS, death in general.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize common hazards in the immediate environment of children to avoid injury and prevent accidents.

LESSON OBJECTIVES

I.B-17. Identify healthy ways to encourage and demonstrate sensitivity for persons with special needs, including PLWAs.

II.A-3. Recognize feelings and behaviors experienced by persons as a result of diseases.

ASSESSMENT CRITERION

Demonstrate appropriate ways to respond to friend who is ill.

Grade K

K

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Show students a picture of a child who is obviously not feeling well. Ask students to guess why he or she is sick. Ask how they think he or she feels.

Ask: "What can we do to help people feel better?" (Include the suggestions to get help, make a card, be quiet not noisy, be their friend, ask how you can help, tell them you hope they will feel better soon, take a book, etc.)

Use puppets and ask for volunteers to be a "sick child" and a "helpful friend." Repeat role play with other volunteers.

Remind students that sometimes we can't go to a sick friend's house because he or she is contagious (or has something we can "catch"). Talk about ways to cheer that child.

Option:
If a class member or school staff person is ill, make a large get-well card from the class. Have each child draw and color a flower on the front of the card.

RESOURCES & MATERIALS

Picture of an ill child.

Two puppets

Manila paper, crayons

ESSENTIAL ELEMENT

Intellectual development. Knowledge of communication. The student shall be provided opportunities to share ideas, feelings, and stories through activities such as spontaneous drawing, conversation, dramatic play, and informal experimentation with letter-like forms or invented spellings.

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.A-2. Examine the consequences of risky behaviors.
III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Identify healthy, nonrisky behaviors and unhealthy, risky behaviors.

ACTIVITIES & STRATEGIES

Help students minimize and/or avoid risky, unhealthy behaviors. Use school and classroom rules. Ask students: "Why do we have rules?" (to keep us safe, well; to help us learn, finish our work; etc.) "What could happen if we don't remember our rules?"

Take each rule and present it as a behavior that is healthy, or unhealthy when behavior is in opposition to rule. For each statement, ask students: "Is this a healthy way to act, to behave? Or is this an unhealthy, not healthy way to behave?"

Option:
Have students stand if it is a healthy way to act and sit if it is unhealthy. Have students practice responses and cue them with "healthy—stand or unhealthy—sit."

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social/emotional development. Emotional development. The student shall be provided opportunities to develop an emerging awareness of consequences of behavior.

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Identify problems and effective coping strategies.

ACTIVITIES & STRATEGIES

Discuss situations at home in which children might need help. Role-play the situation. Reinforce the concept: *I can choose.* Explore feelings involved and solutions to problems.

Examples:
What would you do if:
- a cup is out of reach on a high shelf
- your ball rolls into the busy street
- your little brother falls and hurts himself
- you're not sure of what is in a certain container that someone tells you contains a soft drink

Closure:
- Where can we go to get help?
- Who are our helpers?
- Who can we call for help if we're at home alone (the telephone operator, 911, a neighbor)?

RESOURCES & MATERIALS

Book suggestion:
What Should I Do? Learning to Make Choices? by Roxanne Brown Knuz and Judy Harris Swenson

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ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to demonstrate emerging self discipline and autonomous behaviors through decision making and self-selected activities.

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.C-1. Identify persons including family members who can help with information on diseases.

II.B-2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

ASSESSMENT CRITERION

Identify health helpers.

ACTIVITIES & STRATEGIES

Ask the students if they can name some health helpers.

Bring a collection of magazines that contain pictures of health helpers. Students can cut out the magazine pictures. Create several different learning centers, each one illustrating a different health helper. Divide the class into the number of stations created. Students will create a bulletin board with pictures they find.

Invite a community health helper to be a guest in the classroom. A parent with one of these career options may be a good selection.
- fire fighter
- doctor
- dentist
- religious leader
- nurse

Ask students to relate personal experiences about visits to the dentist, doctor, pharmacist, or hospital during which they received treatment.

Options:
Provide or ask students to bring dress-up clothes to depict various health helpers.

RESOURCES & MATERIALS

Magazines with pictures of health helpers, crayons

ESSENTIAL ELEMENT

Social/emotional development. Social development (interactions with others). The student shall be provided opportunities to experience positive, supportive interactions with adults and peers.

LESSON OBJECTIVE

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Name sources for assistance in specific situations.

ACTIVITIES & STRATEGIES

Discuss with the class places to go for needs. For example:
- to fix a car (garage)
- to get vegetables for meals (supermarket)
- to borrow books to read for fun or study (library)

Discuss people who are trained to provide certain kinds of help. For example:
- if you get sick (doctor, nurse)
- to learn to write your name (teacher)
- if someone is very sad; if someone makes unhealthy choices and this makes you unhappy or worried (clergyman, rabbi, counselor, school nurse)

Place Health Helper objects in a large paper bag. Pull out an object and ask the class which Health Helper might use the object.

Discuss how to call for help in the case of an emergency. Make a list of emergency numbers from the telephone directory. (All may be 911.)
- police department
- fire department
- ambulance

Have children use toy telephones to practice calling the numbers for an emergency. Remind students to give their names, addresses, and types of emergency.

RESOURCES & MATERIALS

Health Helper objects such as a stethoscope, thermometer, book, apple, pencil, bible, nurse's cap, tooth brush

Toy telephones, telephone directory

Book suggestion:
Who Keeps Us Healthy?
Caroline Arnold
Franklin Watts, NY, 1982

ESSENTIAL ELEMENT

Intellectual development. Knowledge of integrated content. The student will be provided opportunities to identify ways people can help and learn from each other.

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.A-3. Develop and use skills for coping with change, success, and failure.
III.C-4. Develop and practice effective communication skills.

ASSESSMENT CRITERION

Identify persons to go to for help.

ACTIVITIES & STRATEGIES

Everyone at some time needs help. This lesson will help explore strategies for seeking help.

. Ask the students:

- How do you show your friend, your parents, your sister, or your brother that you care about them? How do they show they care for you?
- How do you show that you need help?
- Do you ask them for help when you need it?

Have each of the children draw a picture of three loving, caring people they know. Then lead a discussion.

Ask for student volunteers to share their pictures, giving a brief description of each.

Display the pictures on the bulletin board.

RESOURCES & MATERIALS

Construction paper, crayons.

Bulletin board

Book suggestion:
Help by Susan Riley

ESSENTIAL ELEMENT

Social/emotional development. Social development. The student shall be provided opportunities to express individual thoughts, ideas, and feelings through picturemaking, puppetry, modeling, constructing, and printmaking.

LESSON OBJECTIVES

III.C-1. Develop and practice effective peer skills.
III.C-2. Demonstrate ways to help others who experience problems.

ASSESSMENT CRITERION

Identify ways to be kind and helpful.

ACTIVITIES & STRATEGIES

Ask students to trace their hands on different colored sheets of construction paper. Students may be paired for the tracing activity. In addition, students with physical handicaps may be paired with nonhandicapped peers for assistance in tracing. Explain to students that when a person helps another person, he or she is referred to as a *helping hand*.

Talk about how easy it is to show kindness. Ask, "What are some kind things to do? What are some ways to help others?"

Glue all the hands on a circular form to create a class wreath. The wreath is most effective if students used a different colored paper. Display in the classroom with the title, "Our Helping Hands."

Option:
Print a kind act on each hand before making the class wreath.

RESOURCES & MATERIALS

Construction paper, scissors, cardboard circular form, glue

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility. The student shall be provided opportunities to discuss ways they can help and learn from each other.

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-7a. Recognize role of contaminated needles in the transmission of some diseases.

III.A-3. Avoid/minimize behaviors which may lead to disease illness and injury

ASSESSMENT CRITERION

Discriminate between safe and unsafe objects.

ACTIVITIES & STRATEGIES

Discuss with students behaviors and methods for prevention of harm from unsafe objects.

Ask students, "What kinds of unsafe things have you seen in the playground and your neighborhood?" Use the Teacher Resources or other pictures to illustrate unsafe materials and tell the students the items have germs on them and can be dangerous for children.

Ask the students if they can think of ways to make sure the unsafe items are taken from the playground or other places without the student touching it. Make sure responses include not touching the item; report finding the item to a responsible adult; not playing near the unsafe item; warning playmate to stay away, etc.

Students role play finding unsafe items and appropriate behaviors. Examples:

- While playing hide and seek in the park you find matches. What should you do?
- While swinging on the playground, you see some broken glass nearby. What are some safe things to do?
- You see a bloody shirt in the gym at school. What should you do?
- Someone gives you an open can of soda pop to drink. What should you do?

Post pictures on bulletin board under the title, "Can You Choose Between Safe or Unsafe Objects?"

RESOURCES & MATERIALS

Pictures of safe and unsafe objects such as:

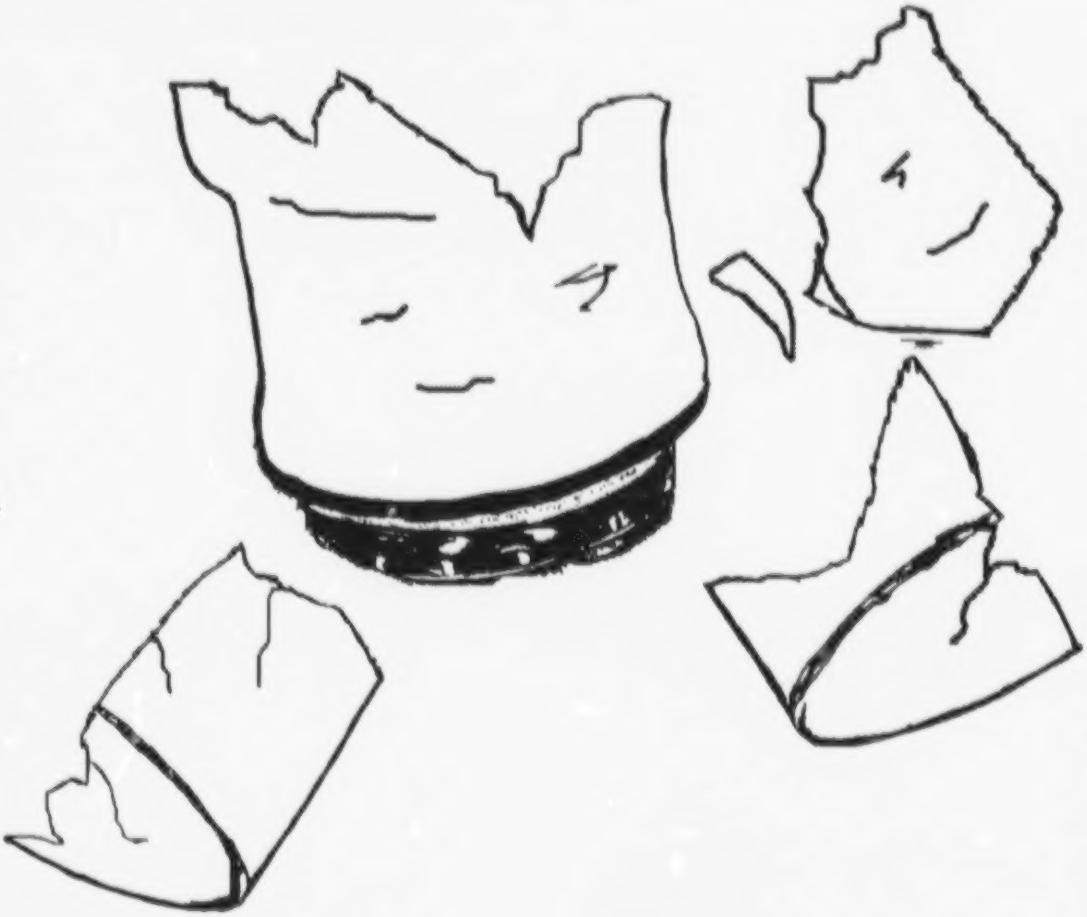
- needles
- bandages
- matches
- nails
- glass
- blood stained items
- medications
- chemicals
- ball
- book
- flower
- jacket

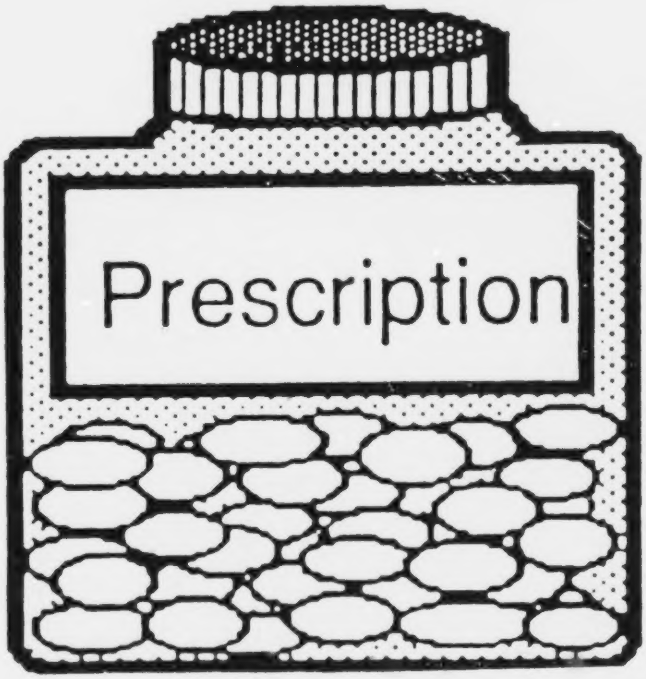
Teacher Resources (7)

Bulletin board

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize common hazards in the immediate environment of children to avoid injury and prevent accidents.





Prescription

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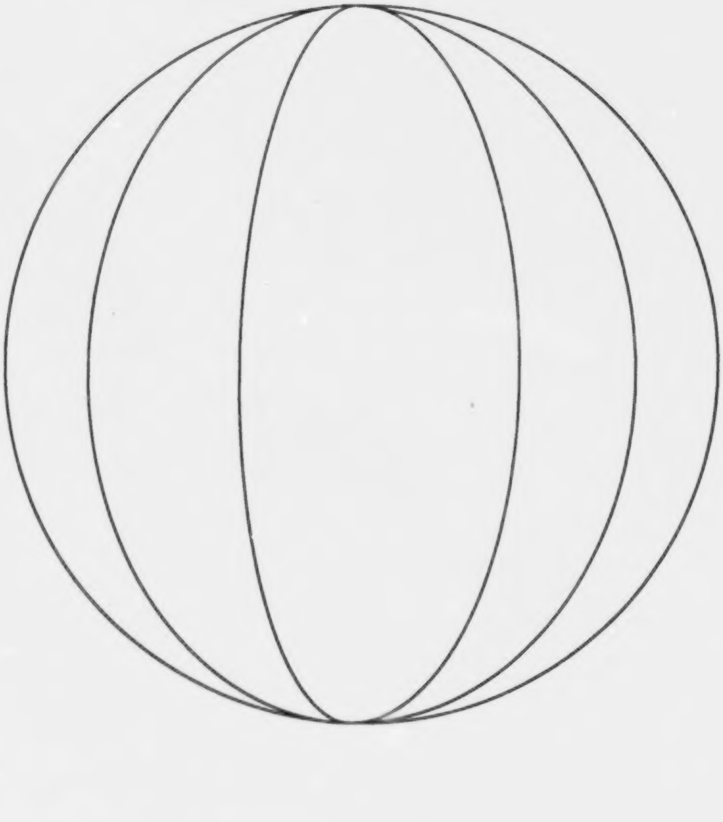

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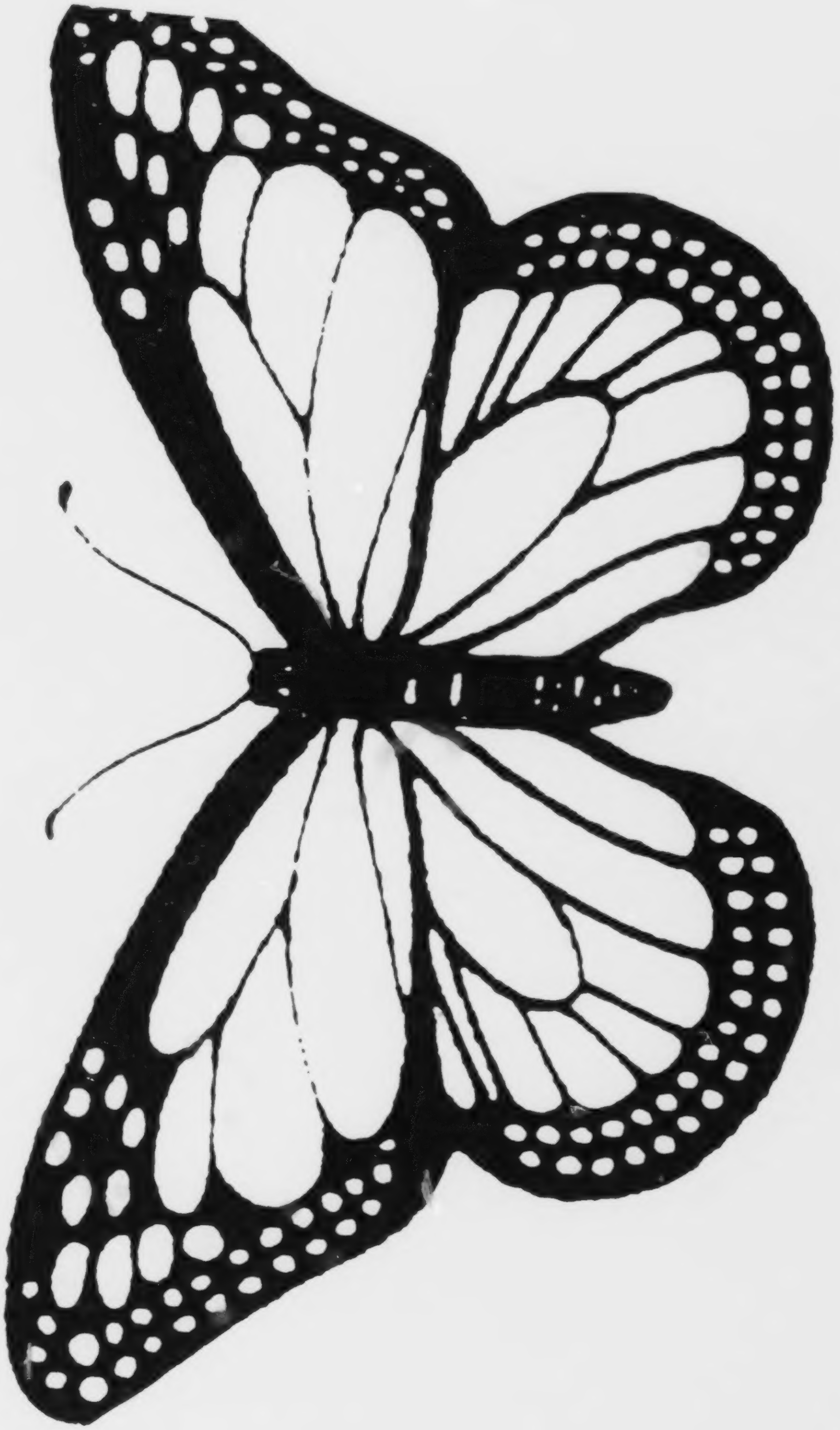
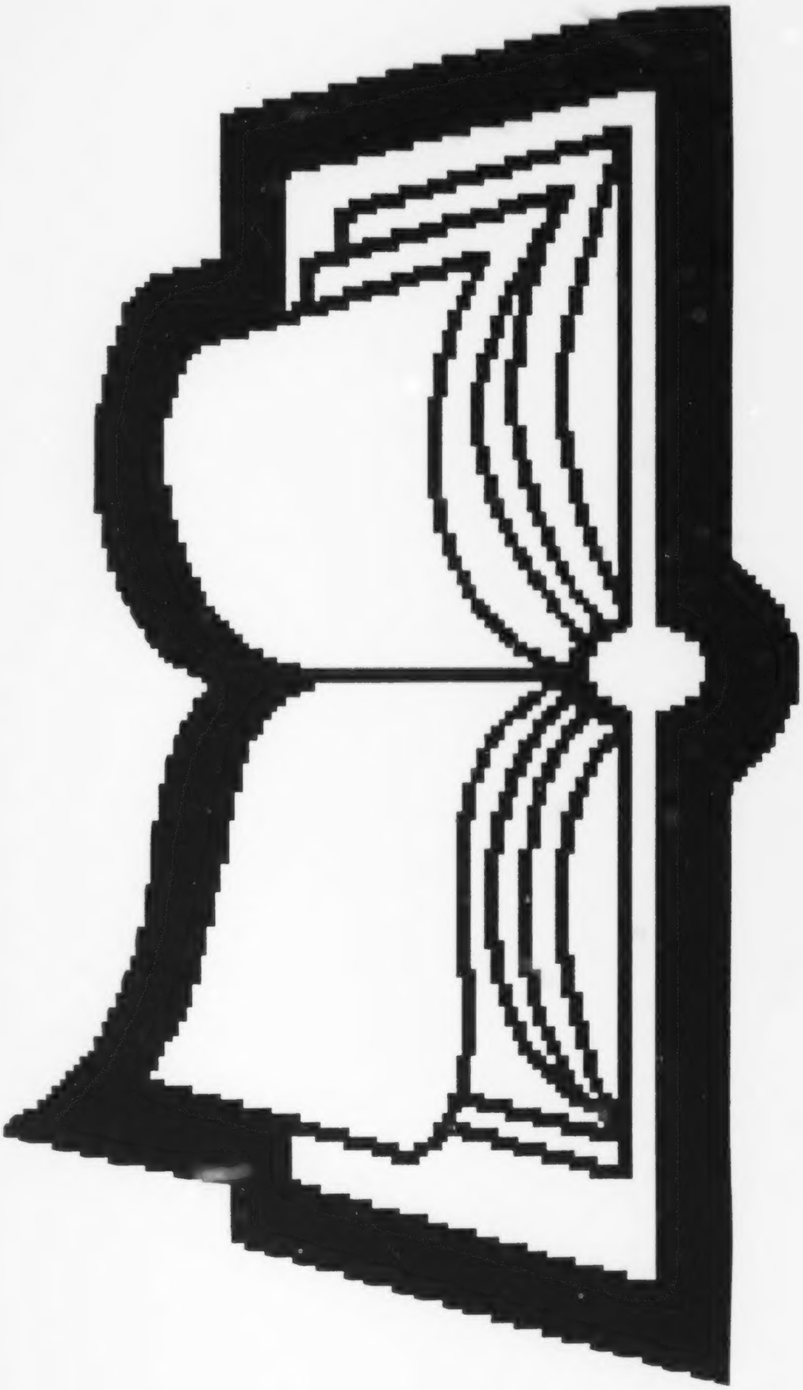
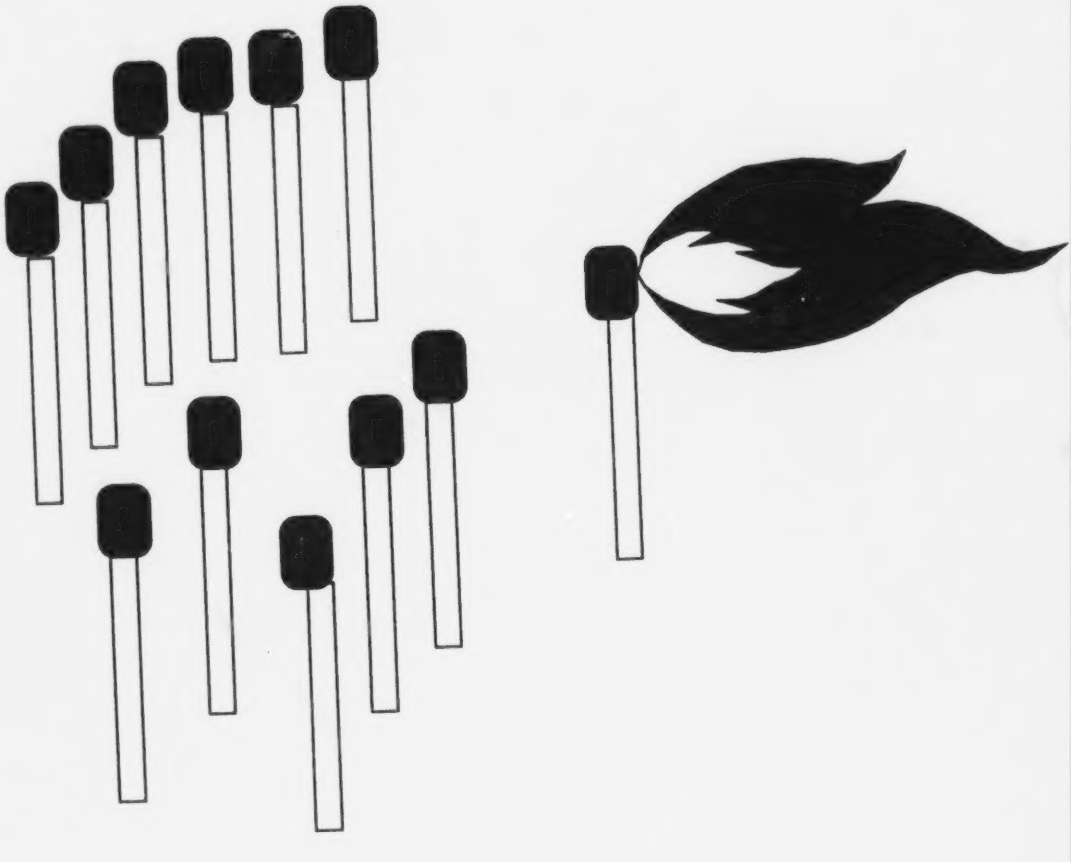
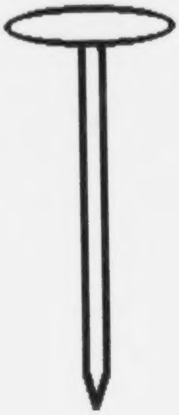
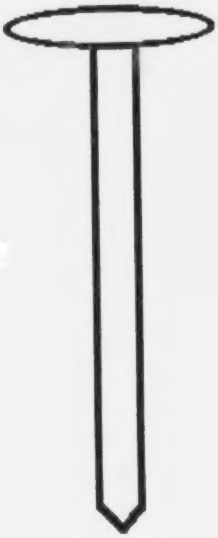
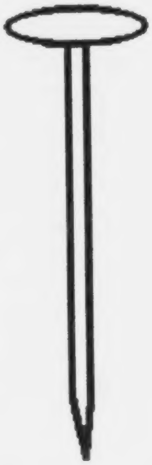












LESSON OBJECTIVES

I.A-2. Name some communicable and noncommunicable diseases.

II.B-1. Recognize the need for school policies and procedures regarding injuries, illness, and diseases.

ASSESSMENT CRITERION

Describe the difference between being sick and being well and recognize that some diseases are *caught* and some are not *caught*.

Grade K

K

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

With the class, the teacher will brainstorm words that complete the phrases:

- When I am well, I feel. . .
- When I am sick I feel. . .

Print the responses on an overhead transparency or on the chalkboard.

Talk about the proper things to do when a student feels sick at school and at home. Talk about diseases people can catch and diseases people do not catch from other people.

Discuss the importance of staying at home when one has a communicable disease.

Talk about rules the school nurse has that tell parents when it is important for a sick child with a communicable disease to stay at home.

Option:
Have one student play the role of an ill student by having him or her act out symptoms written on the board. Ask another student to respond in a healthy but positive way to words written on the board describing a well person.

RESOURCES & MATERIALS

Chalkboard or overhead transparency and projector

ESSENTIAL ELEMENT

Social/emotional development. Social responsibility (behaviors of a socially responsible person). The student shall be provided opportunities to observe and role play socially responsible behaviors in a variety of situations.

LESSON OBJECTIVE

III.B-6. Develop effective work and study skills.

ASSESSMENT CRITERION

Follow through on instructions by presenting activity worksheet to parent.

ACTIVITIES & STRATEGIES

Use the worksheet to promote a partnership between the home and school and to encourage the good skills and work habits that students need.

Three activities are included on the worksheet. Individualize each child's worksheet by adding one additional activity that would be appropriate for that particular student.

Also individualize by asking the student to whom she or he would like this worksheet addressed—i.e., mother, dad, granny, big brother, big sister, etc.

Explain the worksheet, "Healthy Habits," to the students before you send it home with them. At the end of the week, ask students about results.

RESOURCES & MATERIALS

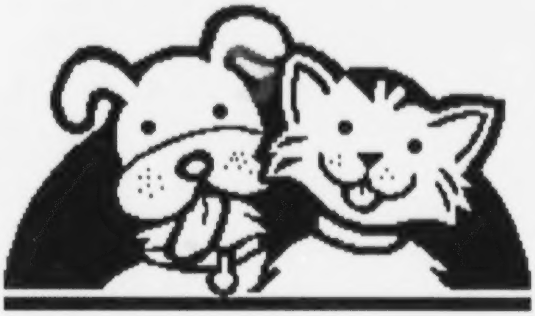
Worksheet: "Healthy Habits"

Book suggestion:
Make The Most of A Good Thing: You! by Diana Shaw

ESSENTIAL ELEMENT

Physical development. Health. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.

HEALTHY HABITS



Dear

In kindergarten, the children are enjoying learning new skills and good health habits. Would you help ________________________________ by working on the following? Show him or her where to check each day. It will be fun!

	SAT	SUN	MON	TUES	WED	THURS	FRI
Read a book to me every day.							
Help me brush my teeth correctly.							
Help me get about 10-11 hours of sleep each night.							

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Identify and practice healthy behaviors that reduce the chance of becoming sick.

ACTIVITIES & STRATEGIES

Reinforce the practice of healthy habits in school on a regular daily basis by:

- practicing handwashing (See Teacher Resource, "How to Wash Your Hands)
- demonstrating simple exercises. Students will join in. (Refer to physical education classes.)
- asking students to select healthy foods from the five basic food groups* on the worksheet, "Food Groups." As a class check the students' answers by referring to the worksheet, "Healthy Foods" after discussion of healthy foods
- providing for rest time

Ask each student to pick one situation where responsibility was forgotten. Role play what might happen if they neglect their responsibility. Such as:

- getting enough sleep (nap)
- brushing teeth

* The four food groups are now the five food groups with fruits and vegetables as two separate groups.

RESOURCES & MATERIALS

Overhead projector or chalkboard

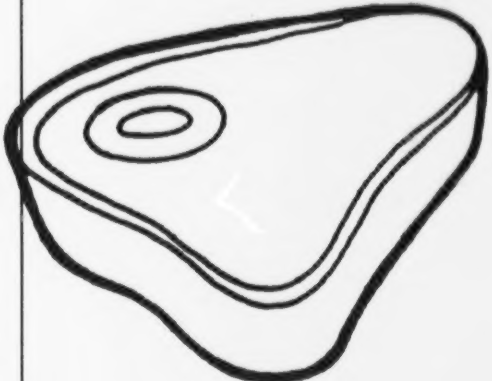
Teacher Resource: "How to Wash Your Hands"

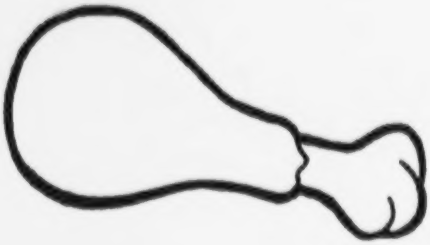
Worksheets: "Food Groups" and "Healthy Foods"

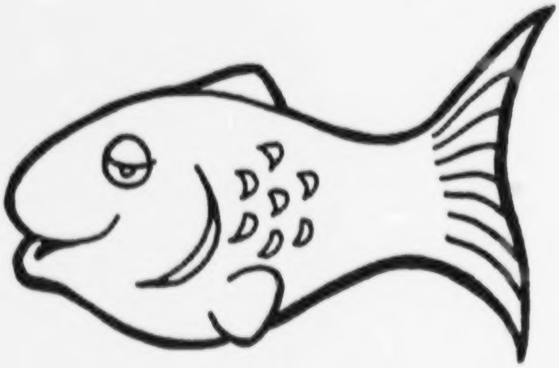
ESSENTIAL ELEMENT

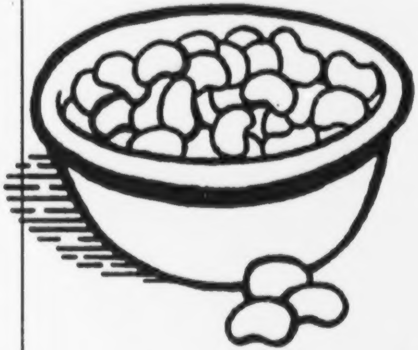
Physical development. Health. The student shall be provided opportunities to recognize that routine healthy behaviors include sleep, rest, exercise, personal hygiene, oral health, and proper nutrition.

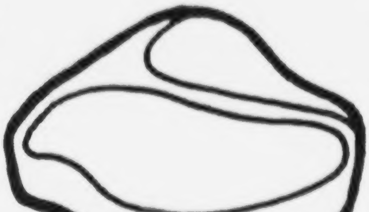
MEAT GROUP FOODS

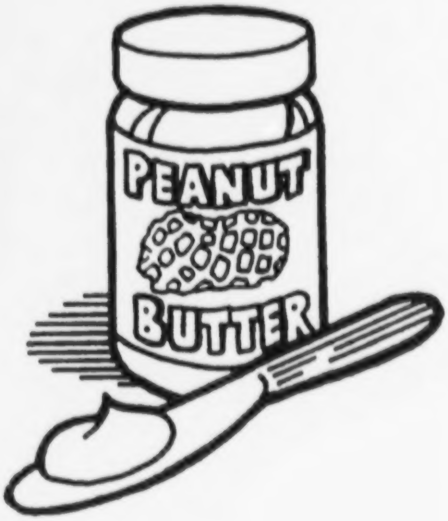








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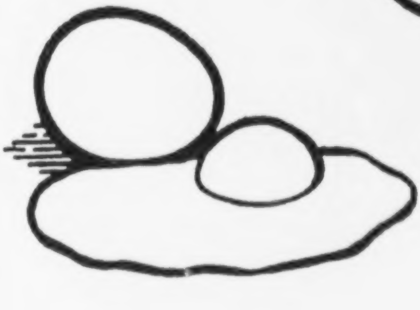
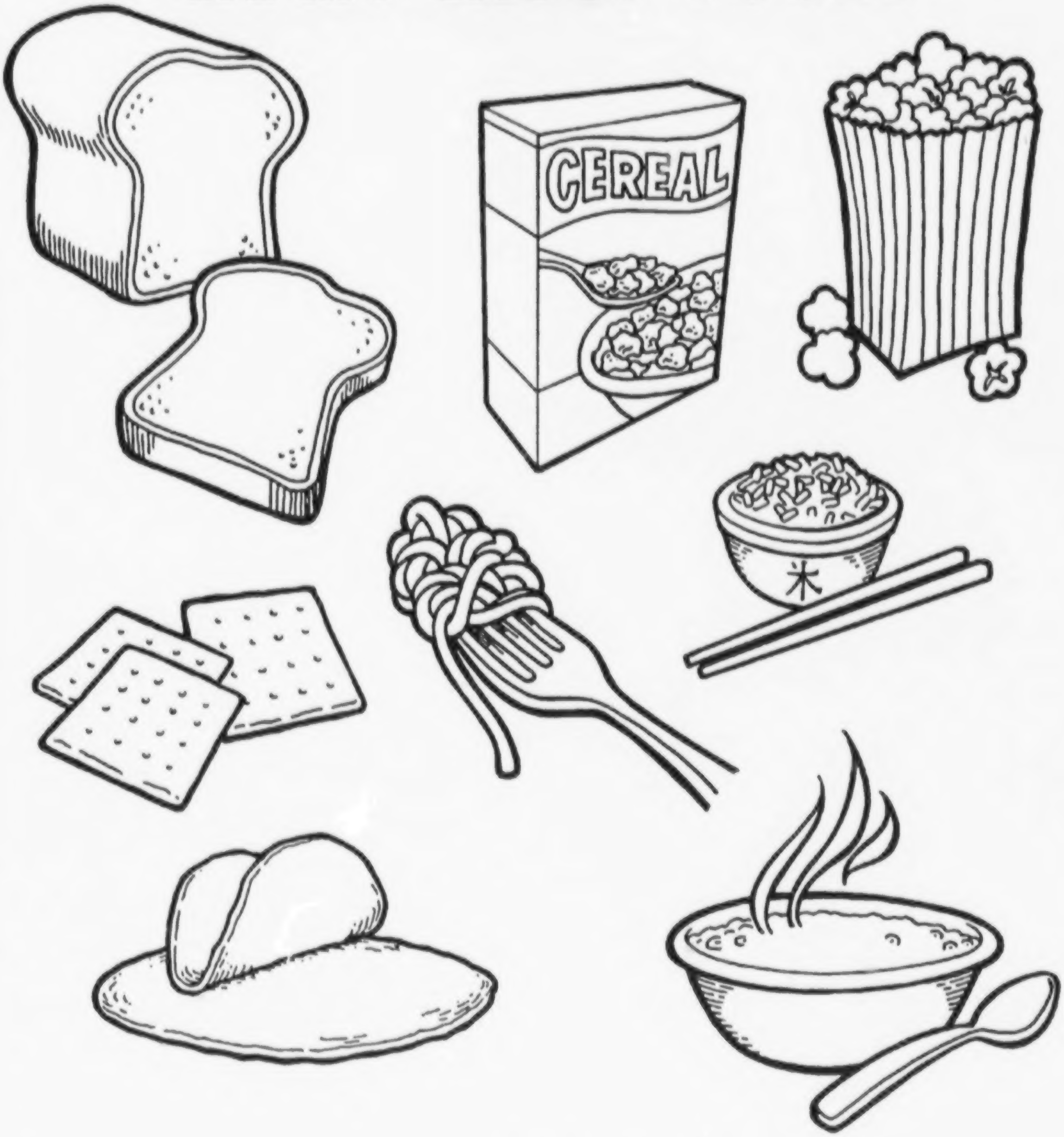
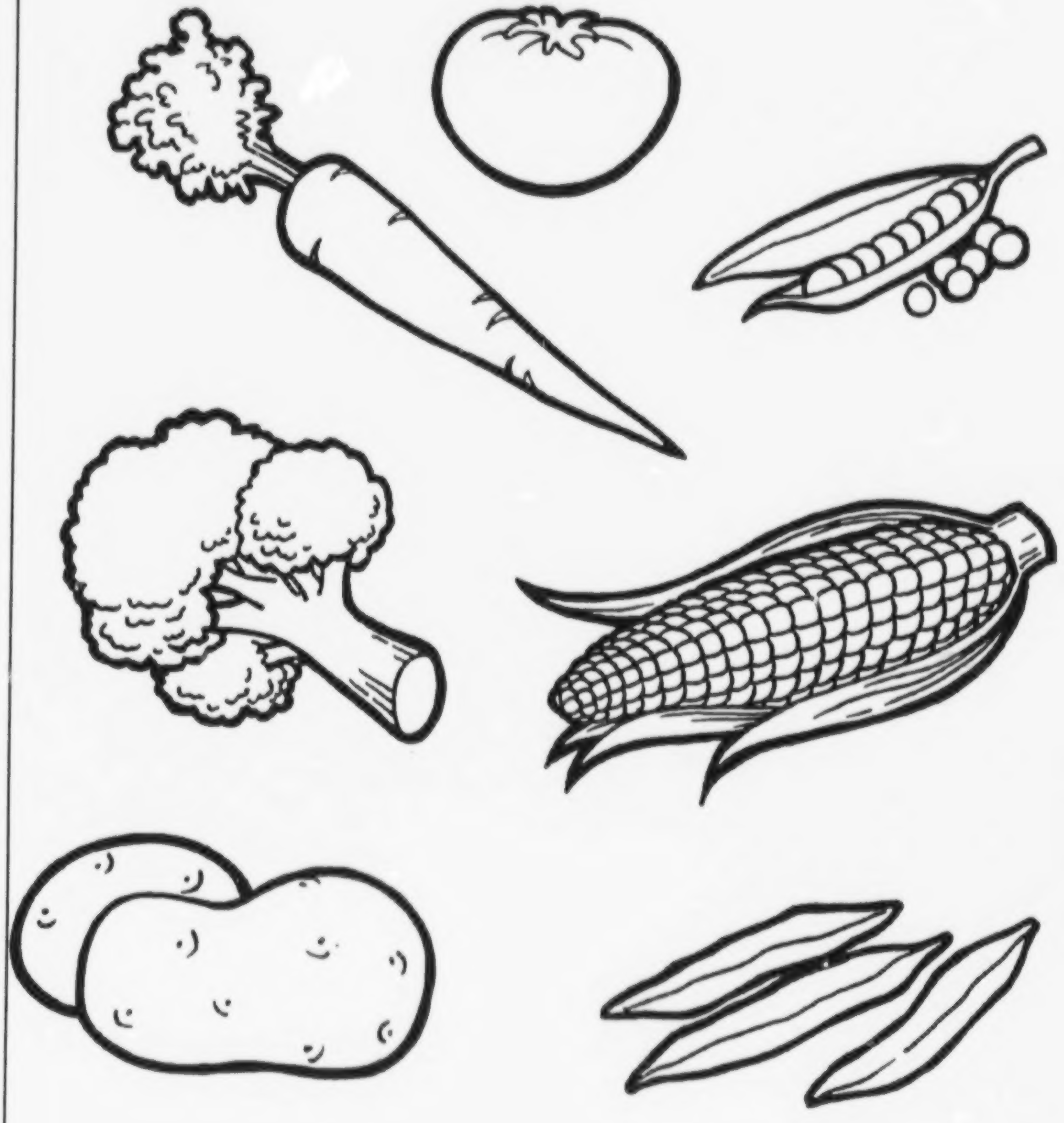
BUTTER



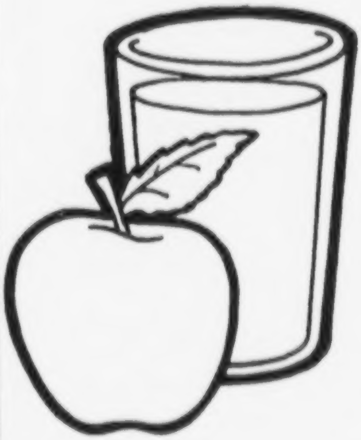
GRAIN GROUP FOODS

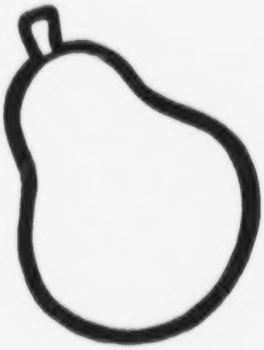


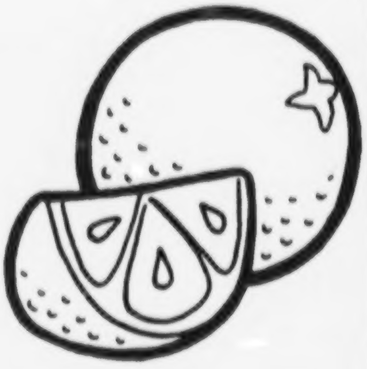
VEGETABLE GROUP FOODS

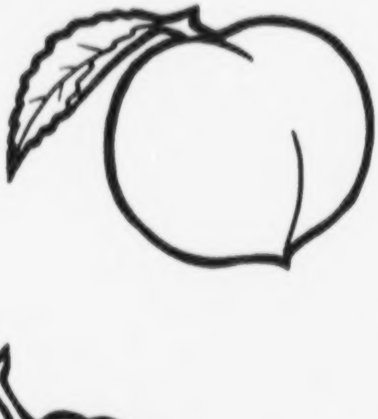


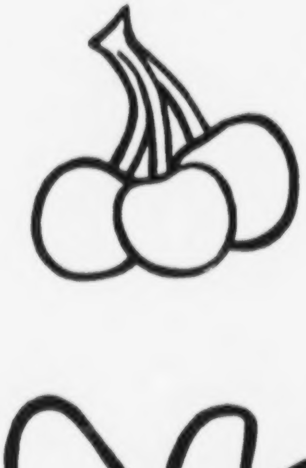
FRUIT GROUP FOODS

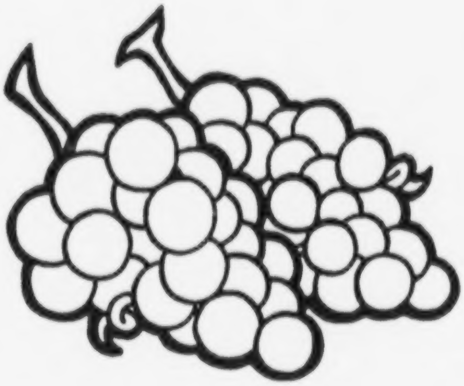


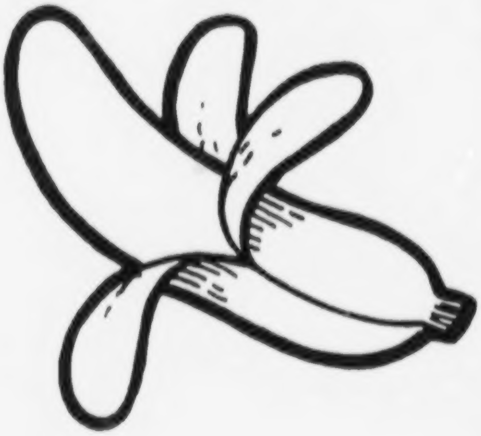




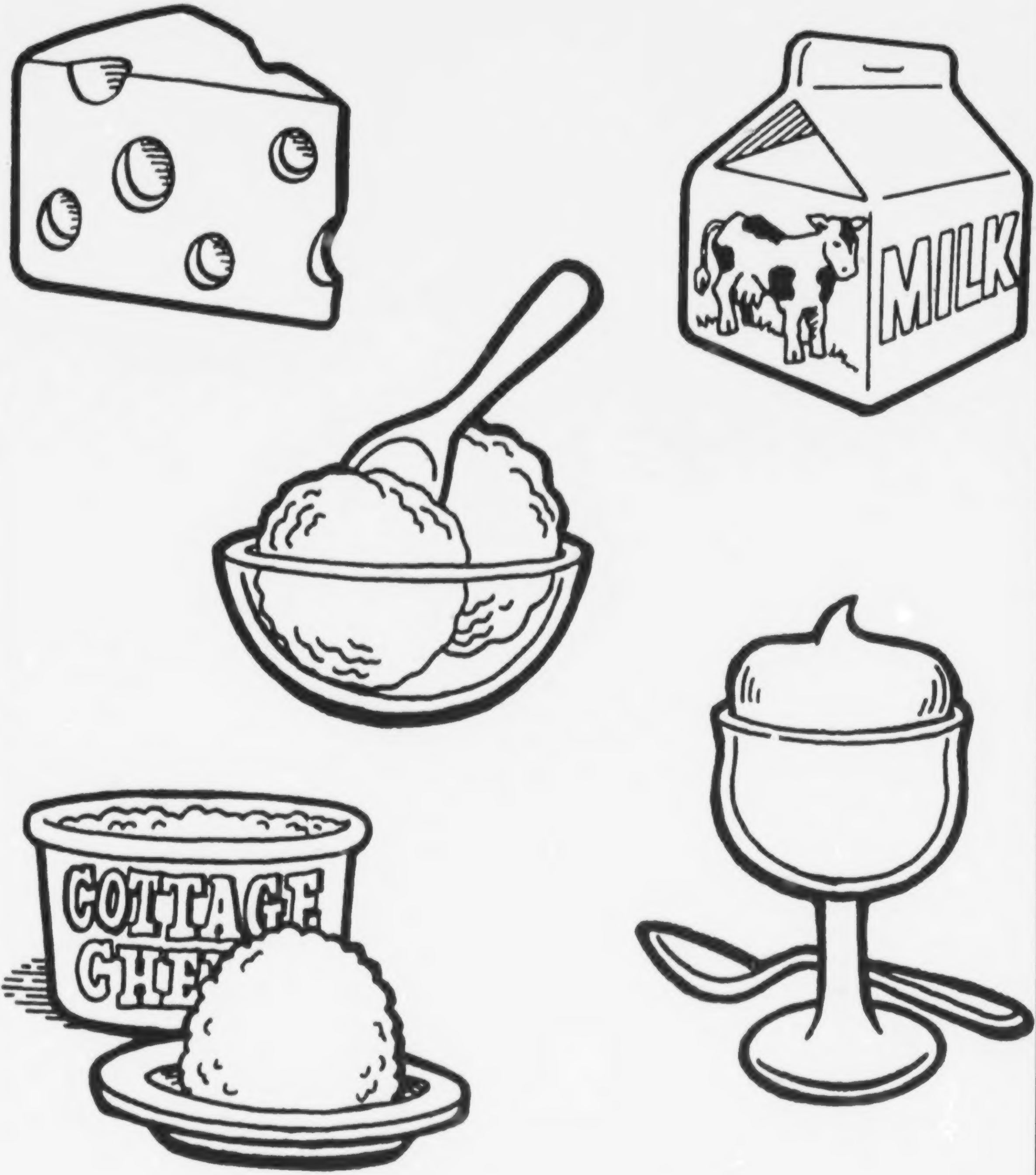








DAIRY GROUP FOODS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How to Wash Your Hands

Turn on the faucet. Wet hands and wrists with water.

Lather well with soap.

Scrub for at least 10 seconds. Include:
- wrists
- top of hands
- palms of hands
- between fingers
- under fingernails

Rinse thoroughly.

Turn off faucet with a paper towel.

Dry hands with a paper towel.

Throw towel in wastebasket. Do not touch basket with clean hands.

When to Wash Your Hands

Before:	Eating Touching pills or medicine Handling food Bandaging a cut
After:	Eating Touching pills or medicine Handling food Bandaging a cut
After:	Using the bathroom Playing with pets Blowing or wiping nose Stopping a bloody nose or any bloody cut Touching a dirty object

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify qualities, characteristics, physical attributes, and attitudes that make each individual special.

ACTIVITIES & STRATEGIES

Discuss what it means to be healthy and to have a good self-concept. When a person has a good self-concept, they feel good about themselves. Relate to the students that it is ok to be different from others.

Ask student to:
- Think of a very, very tall tree. It has huge branches with many green leaves.
- Now pretend you are a giraffe. Draw a picture illustrating how the tree looks to you.
- Pretend you are an ant. Draw a picture illustrating how the tree looks now.
- Share your work with a grown-up.

Initiate a discussion on individual uniqueness by asking these questions:
- Is everyone the same size?
- What are some good things about being smaller?
- If you are small, what are some things a taller friend can do for you?
- What are some good things about being taller?
- If you are tall, what are some things a smaller friend can do for you?

Cut five foot lengths of string for each child to make "My String." Have the children work in pairs and cut the string to the length that shows the child's height. Identify each string by writing the name of the child on a piece of masking tape and attaching it to the string. Attach the strings to the chalkboard or wall and have the children discuss the variation in height among their classmates.

Optional:
Measure length of foot, the circumference of the waist, neck, head, and wrist.

RESOURCES & MATERIALS

Crayons, string, scissors, masking tape, drawing paper

ESSENTIAL ELEMENTS

- *Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.*
- *Health. Knowledge of integrated content. The student shall be provided opportunities to compare two concrete objects as to length, height, capacity, and size.*

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify characteristics of a positive self-concept.

ACTIVITIES & STRATEGIES

Emphasize to the class the importance of a positive self-concept. Read a book that focuses on individual characteristics.

Using hand mirrors, ask students to look at themselves. If individual mirrors are unavailable, the activity may be conducted in front of one mirror, letting the children take turns.

Tell the students to look at their faces in the mirror. Ask them to answer these questions:
- What do you see?
- What color are your eyes?
- Are they deep blue, sky blue, grey, green blue?
- If they're brown, are they deep brown or light brown?
- Or sparkling black?
- Are there lines on your face?
- Or dimples or freckles?
- How do your eyebrows grow?
- Are they straight or curved?
- Notice everything you can about the way your face looks.
- What happens when you smile?
- When you laugh? (When you are angry, sad?)

Ask the students, "What did you see in the mirror that made you feel happy?" Help each child to make a paper sack puppet. Help each to use the correct colors for eyes, hair, etc. Use yarn, paper, and crayons to decorate the puppets.

Ask the class to guess who is being depicted by each puppet when you hold up a puppet. Let students, using their puppets to relate to the class, describe favorite attributes about themselves.

RESOURCES & MATERIALS

Hand mirrors

Book suggestions:
Faces (English version) by Brenner
Caras (Spanish version)

Lunch-size, paper sacks, yarn, paper scraps, cloth scraps, glue, scissors

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ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Explain factors that make an individual unique.

ACTIVITIES & STRATEGIES

Have the children sit in a circle. Ask them to notice if everyone looks exactly alike. Point out that while we all have the same body parts such as two eyes and two ears, each person is nevertheless different and special.

Ask pairs of children to stand in the center of the circle. Talk about ways the two are alike and ways they are not alike—ways they are different. Be sure to include every child in a pair.

Using a bright light, trace the outline of each student's head, viewing it from the side. Mount and display the profile silhouettes. For background music during this activity, play the record or tape, "I Am Special" by Thomas Moore. Use name cards and ask the children to try to match the name to the picture. Discuss how the children made their decisions.

Have each child make a booklet about himself or herself with drawings showing personal characteristics and preferences.

RESOURCES & MATERIALS

High voltage light, butcher paper, marker, name cards

Record or tape: "I Am Special" by Thomas Moore

Manila paper, crayons, stapler

Book suggestion:
Every Kid's Guide to Being Special by Joy Wilt Berry

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of others) The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

LESSON OBJECTIVE

Develop and extend an awareness of a positive self-concept.

ASSESSMENT CRITERION

III.B-5. Practice behaviors and activities that enhance self-esteem.

ACTIVITIES & STRATEGIES

Pass out hand mirrors to as many students as possible. Students may take turns using the mirrors.

Ask students with hand mirrors to notice at least two things about their faces. Tell them to close their eyes. Remember these two things.

Allow the students to tell the two things they noticed about their faces. Encourage them to be as specific as possible. Ask them to tell you the key features. Write the features and the child's name on slips of paper. Put the papers into a box labeled "Ourselves."

Play "Who Am I?" with the class. Have each student pull out the slips and read the features aloud. Have the class try to identify or guess the people described. Point out how often we see ourselves from the way others see us.

Do others sometimes see good qualities that we have overlooked?

RESOURCES & MATERIALS

Hand mirrors

Slips of paper, empty box or bag

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Analyze characteristics that make an individual unique.

ACTIVITIES & STRATEGIES

Ask each student to make a booklet entitled, "Myself," with drawings showing personal characteristics and preferences.

For example, pages could illustrate:
- pets
- favorite activity
- friends
- toy
- drawing of self with correct colors for eyes and hair

Ask each student to identify what he or she has drawn and label it correctly–i.e., the pet "is my dog Spot."

Display booklets in front of the class. Read from each booklet and ask the class to guess the author of each. After completion, ask the students to share their booklets with the entire class.

RESOURCES & MATERIALS

Manila paper, crayons, stapler, glue, glitter, yarn

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults i.e., family, school personnel, health professionals, etc.

ASSESSMENT CRITERION

Identify personal experiences that create pleasant feelings.

ACTIVITIES & STRATEGIES

Read a story to the class about happiness.

Lead a class discussion, allowing students to discuss their thoughts of what makes people happy on their birthdays or on other special days. Ask students to give examples of other words related to happiness. Write these words on the board.

Using the webbing technique on the worksheet, "My Perfect Day," ask the students to draw pictures that express their pleasant feelings.

Ask for volunteers to share their work with the class.

Post the students' work on the bulletin board and later let them take it home to share with their parents.

RESOURCES & MATERIALS

Book relating to happiness.

Chalkboard, crayons, construction paper

Worksheet: "My Perfect Day"

Book suggestions:
Happy Healthkins by Jane Belk Moncure
Discovering Happiness by Dennis Wholey

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to develop an emerging awareness of consequences of behavior.

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NAME______________________________ DATE______________

MY PERFECT DAY

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Display ability to sort objects and persons according to one or more characteristics.

ACTIVITIES & STRATEGIES

During a neighborhood or park excursion, give students small paper bags for gathering leaves. Back in the classroom use two leaves for examples to illustrate same and different.

Ask volunteers to tell how two leaves from their own collections are the same or different. Explain all are leaves but each leaf, even from the same tree or plant, can still be different. Ask the students to consider same and different for people. "Yes, in some ways we are all different and special, and in some ways we are all the same."

Make a large outline of a tree for the bulletin board; have students glue their leaves on the branches—one dot of glue does it!

RESOURCES & MATERIALS

Small paper bags

Markers, glue

ESSENTIAL ELEMENT

Intellectual development. Knowledge of integrated content. The student shall be provided opportunities to classify form groups by sorting and matching objects using more than one attribute.

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Realize that individuals are unique, special, and worthwhile.

Grade K

K

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Explain that each person has his or her own identity and that each person is unique in special ways. One of these ways is that each of us has fingerprints like no one else in the world.

Duplicate and distribute worksheet, "Personal Prints."

After the students have completed the worksheets by obtaining their own and two other students' fingerprints, using tempera paint, discuss:

- What did you notice when you compared your fingerprints to those of the other two students?
- In what ways are your fingerprints unique or special?

Ask the students to report their findings to the class. To contain the mess, provide the students with paper towels to immediately wipe off their hands after fingerprinting. Direct them to wash their hands with soap and water after completing the exercise.

RESOURCES & MATERIALS

Worksheet: "Personal Prints"

Tempera paint, paper towels, soap, water

Book suggestion:
You Are Somebody Special by Bill Cosby

ESSENTIAL ELEMENT

Social/emotional development. Emotional development (knowledge, understanding, and positive acceptance of self). The student shall be provided opportunities to recognize and appreciate his or her uniqueness.

NAME________________________ DATE________________

Personal Prints

Left Thumb Right Thumb

My Prints

Left Thumb Right Thumb

A Friend's Prints

Left Thumb Right Thumb

A Friend's Prints

Grade K

K

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-2. Name some communicable and noncommunicable diseases.
I.B-5. Dispel myths and misinformation concerning some communicable diseases.

ASSESSMENT CRITERION

Verbalize the differences among similar sounding words like AIDS, teacher aide, and first aid.

ACTIVITIES & STRATEGIES

Young students may become aware of the serious nature of HIV/AIDS as they view television and overhear adult conversations. You may want to clarify the different meanings of the words AIDS, aide, and aid. Use the Transparency to clarify the term AIDS. Through this you can also allay fears that young students may have—i.e., "Can I get AIDS and die?"

Definitions that may help:

- teacher aide—this aide is the teacher's assistant. (Define this term only if *teacher aide* is an employee designation in your district.)

- first aid and Band-Aid—this aid means help in case of an injury like a cut. "You would use a Band-Aid," or "The nurse or I would give first aid."

- AIDS—explain in simplest terms: "AIDS is a serious sickness that adults and teenagers can get. Adults and teenagers know how to avoid AIDS. Few children have AIDS. A few little babies have gotten AIDS from their mothers. A few children have gotten AIDS when they needed a blood transfusion in the past. Blood transfusions in our country are safer now. So AIDS is not a sickness that kids usually get. You do not have to be afraid of getting AIDS."

Do not confuse kindergarten student with the differences between HIV and AIDS, etc.

RESOURCES & MATERIALS

Transparency
Overhead projector

Book suggestion:
Learning About AIDS by Alvin Silverstein (ages 4-6)

ESSENTIAL ELEMENT

Intellectual development. Knowledge of communication. The student will be provided opportunities to acquire vocabulary related to concepts in a meaningful context.

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mmune

eficiency

yndrome

NOTES

NOTES

Education
for
Self-Responsibility III:

PREVENTION OF HIV/AIDS

Sample Lessons

GRADE 1

Texas Education Agency

ESR III

Fine Arts **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.C-1. Identify people including family members who can help with information on diseases.
III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy ways of expressing thoughts and feelings.

ACTIVITIES & STRATEGIES

Say: "It is normal to have all different kinds of feelings. What are some different feelings? Adults feel happy, sad, and mad, too. Your feelings are all just a part of being a special person." Read a book about feelings to the class.

Note: Some students may be worried or afraid; help them identify appropriate people to share those feelings with (parents, nurse, counselor, etc.) Some students may be worried about diseases or parent death related to AIDS. Assure them that "AIDS is not a child's disease but a grown-up and teenager disease. Grown-ups and teenagers know how to keep from getting AIDS. A few babies got AIDS because their mothers had it. A few children got AIDS when they were infected by blood transfusions. Now blood transfusions are safer." Now people don't have to worry about getting sick from blood transfusions. "Who would you talk to if you had worries about AIDS or other sicknesses?" (parent, nurse, counselor, teacher, etc.)

Explain to the students that one way of dealing with or expressing personal feelings is to draw and color. Ask students to think about colors and how color may make them feel. Use crayons to help the development of the concept. Say: "We can use color to show how we feel. Will everyone use the same colors? Will everyone feel the same?"

Ask students to think of a feeling and use their crayons on a large unlined page to show the feeling. After most are finished, ask students to identify another feeling and to make another drawing. Repeat if you have time. Staple pages together for each student to have a Feelings Book.

Ask the students to share their Feelings Books with the class, describing and telling their feelings such as:

- I feel happy when...
- I feel surprised when...
- I would be surprised if...

RESOURCES & MATERIALS

Book suggestion:
What Feels Best and It's Not Fair by Anita Harper and Susan Hellard
G.P. Putnam's Sons, NY, 1988

Option:
Ask the students to ask their parent one of the following questions:

- I feel happy when…
- I feel surprised when…
- I feel sad when…

Report back the next day. The parent may write the answer and you can read it the next day or the student may tell the parent's response in their own words.

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media.

LESSON OBJECTIVE

II.B.2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

ASSESSMENT CRITERION

Respond to the feelings and needs of a person who is ill.

ACTIVITIES & STRATEGIES

Ask students if any have been ill and confined at home or in the hospital. Discuss the feelings that may accompany that situation. Or, also read a short story about a child who is ill.

Discuss how we might help that person feel better. One suggestion would be to make a card to cheer him or her. Do this as class project. If a student in the class is ill, make him or her the recipient of this activity.

Talk to students about the group project: help them make a large card, the front of which will be covered with crayon rubbings. Show students how to make a crayon rubbing. Gather a number of items to use for rubbings—keys, cardboard shapes, alphabet letters, etc. Encourage students to choose their favorite colors and to each do an individual rubbing to cover the front of the large card.

As a group, decide the sentiment to be printed inside in large print. Ask each student to sign his or her name.

RESOURCES & MATERIALS

Manila paper, crayons, keys, cardboard shapes, alphabet letters

Book suggestion:
Jenny's in the Hospital by Seymour Reit, Western Publishing Co., 1984

ESSENTIAL ELEMENT

Art. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media including drawing, painting, printmaking, and constructing three-dimensional forms.

LESSON OBJECTIVES

I.B-1. Recognize the methods of preventing, treating, and controlling some diseases.

I.B-2. Recognize the risk of contracting communicable diseases in some behaviors and situations.

ASSESSMENT CRITERION

Demonstrate proper care of personal injuries involving blood.

Health **Grade 1**

1

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Begin the lesson by telling the students the importance of caring for small cuts, scrapes, and bloody noses.

Encourage students to discuss what they would do if they fell on the playground and got a small cut or bloody nose. Make sure students know the importance of calling an adult.

Tell the students the steps to be taken to treat a scrape, small cut, or bloody nose. Write the steps on the board or demonstrate them. (Perhaps the school nurse could demonstrate.)

Explain why school personnel use gloves and show the infection control kit (with gloves, etc.) that would be used to treat a cut, scrape, or bloody nose.

Explain why students should never touch another student's blood. Some germs live in blood; blood is like their home, so do not touch blood. It may have germs that are dangerous.

Explain that deeper cuts and bloody noses may need adult attention and that a child should show all injuries to an adult.

When the skin is open from cuts and scrapes, dirt and germs can get into the body as well as come out of it.

When one gets a small cut, a little skin gets broken. The cut bleeds because small blood vessels are also cut. Soon the blood hardens and dries. This closes the cut so it will not bleed anymore. A scab forms over the skin. When the cut skin is healed, the scab falls off.

Explain to students the need for proper disposal of used bandages and tissues. (Do not drop on playgrounds, the classroom floor, etc.)

RESOURCES & MATERIALS

First-aid material, gauze, bandage, infection control kit

Teacher Tip

For cuts and scrapes:

- **Wash the skin with warm water and soap to remove the dirt.**
- **Dry the skin.**
- **Use ointments or creams with adult supervision.**
- **Place a bandage on the injured body part.**

For a bloody nose:

- **Apply direct pressure to the bridge of the nose.**
- **Use tissue to catch blood spills.**
- **Dispose of tissue properly.**
- **Wash hands with soap.**

Teacher Resource

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission.

Precautions for Giving First Aid

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from a trusted adult before giving first aid.

Precautions for persons giving first aid include the following:
- Use a first aid kit that includes a pair of plastic or rubber gloves.

- Put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay in putting on the gloves.

- After giving first aid, place all disposable items contaminated with blood in a plastic bag, then tie the bag and put it in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands.

- Launder or dry clean any clothes contaminated with blood.

- Using soap and water, clean up any blood spilled on the floor, desks or other surfaces. Then disinfect the surfaces and allow them to air dry. Household bleach (one part bleach to nine parts water mixed daily) or rubbing alcohol may be used.

Bloody Nose

Place the student in a sitting position with the head forward.

Encourage the student to apply pressure by pressing the bleeding nostril toward the middle of the nose. If the student is unable to help himself or herself and needs assistance, the caregiver should apply gloves before coming into skin contact with blood.
When the nosebleed stops, wash gloved hands to remove gross amounts of blood.

Clean up the student, washing all blood off the skin with soap and water.
Clean up minor blood spills on all surfaces. For major blood spills, contact the school custodian.
Remove gloves. Discard.
Wash hands with soap and water.

Student Assisting Student

If one student assists another student who is bleeding and comes in contact with that student's blood, the helping student should immediately wash his or her soiled skin with soap and running water. If the helping student has blood from another student on his or her clothing, every attempt should be made to obtain clean clothing for this student.

Students should be encouraged to show care and concern for others but should be cautioned against coming into contact with body fluids of an injured person. Instruct them to seek adult assistance, if possible.

Health **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-1. Recognize some communicable diseases.
I.B-4. Describe methods of transmission of some communicable diseases.

ASSESSMENT CRITERION

Identify ways germs are transmitted from one person to another and ways germs can cause sickness.

ACTIVITIES & STRATEGIES

Explain the germ concept. (See right side of page.) Use the worksheet, "How Germs Are Spread," to illustrate the germ concept.

Next, demonstrate one way a germ is transmitted from one person to another. Using a spray bottle filled with water, spray some water into the air. Students will see the mist. Explain to them that this is what happens when we sneeze and don't cover our mouths. Spray another time, putting a tissue in front of the sprayer. The students will be able to see how a tissue can help stop the spray of the mist through the air, much as a tissue will help stop the spread of germs through the air when we cough or sneeze.

Have the students help you make a list of good ways to prevent the passing of germs. Some of the ideas you might hear could include:

- keeping pens, pencils, and paint brushes out of our mouths
- keeping toys out of our mouths
- not sharing glasses and silverware
- washing hands, etc.

Ask the students to color the picture on the worksheet, "Coughing Girl" or "Coughing Boy." Then have them glue small pieces of tissue (regular-sized tissues cut into quarters) on the pictures, covering the germs. This exercise reinforces covering our mouths when we cough or sneeze.

RESOURCES & MATERIALS

Germ concept:

- Explain that germs are tiny living things that can cause disease. There are different kinds of germs, like bacteria and viruses. When you have a sore throat, it's caused by a special kind of bacteria. When you have a cold, it's caused by a special kind of virus.
- Explain that people get sick when germs enter their bodies. Germs can enter our body through body openings like eyes, ears, nose, and mouth and through cuts, sores, and any injury to our skin.

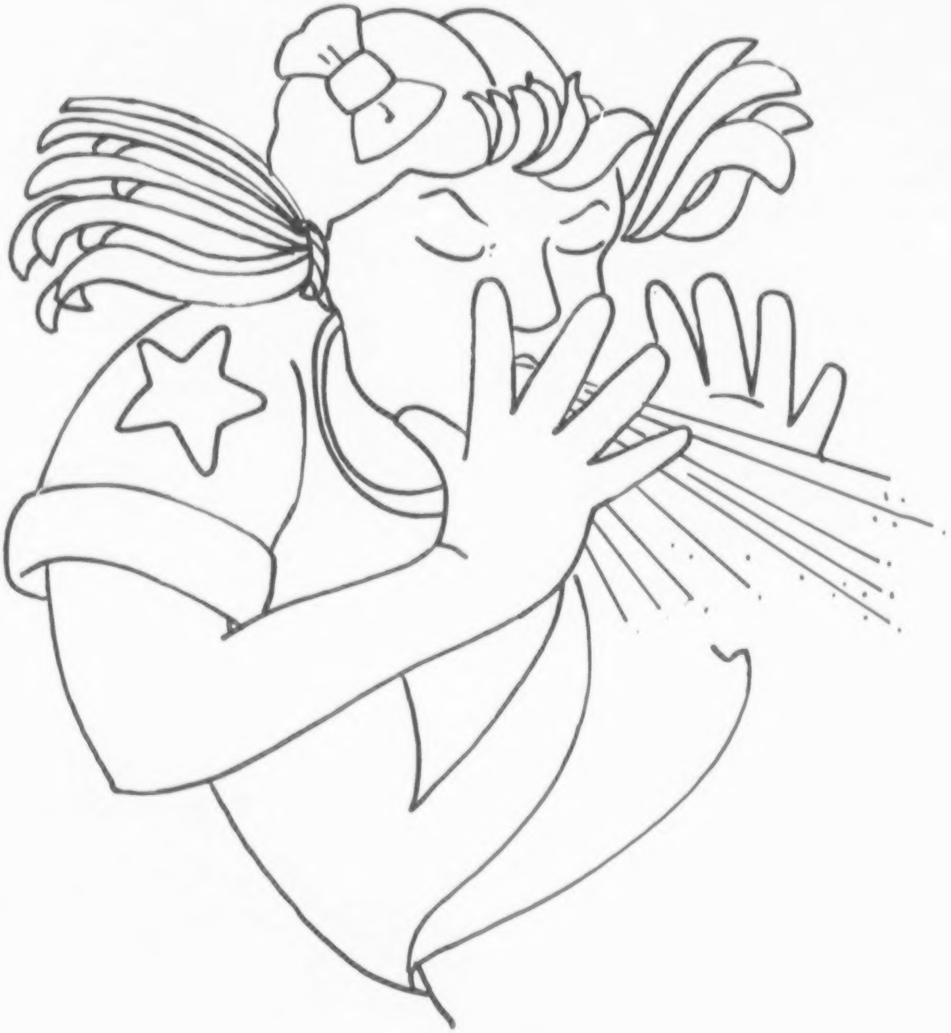
Tissue, spray bottle, water, glue

Worksheet: "Coughing Girl"
Worksheet: "Coughing Boy"
Worksheet: "How Germs Are Spread"

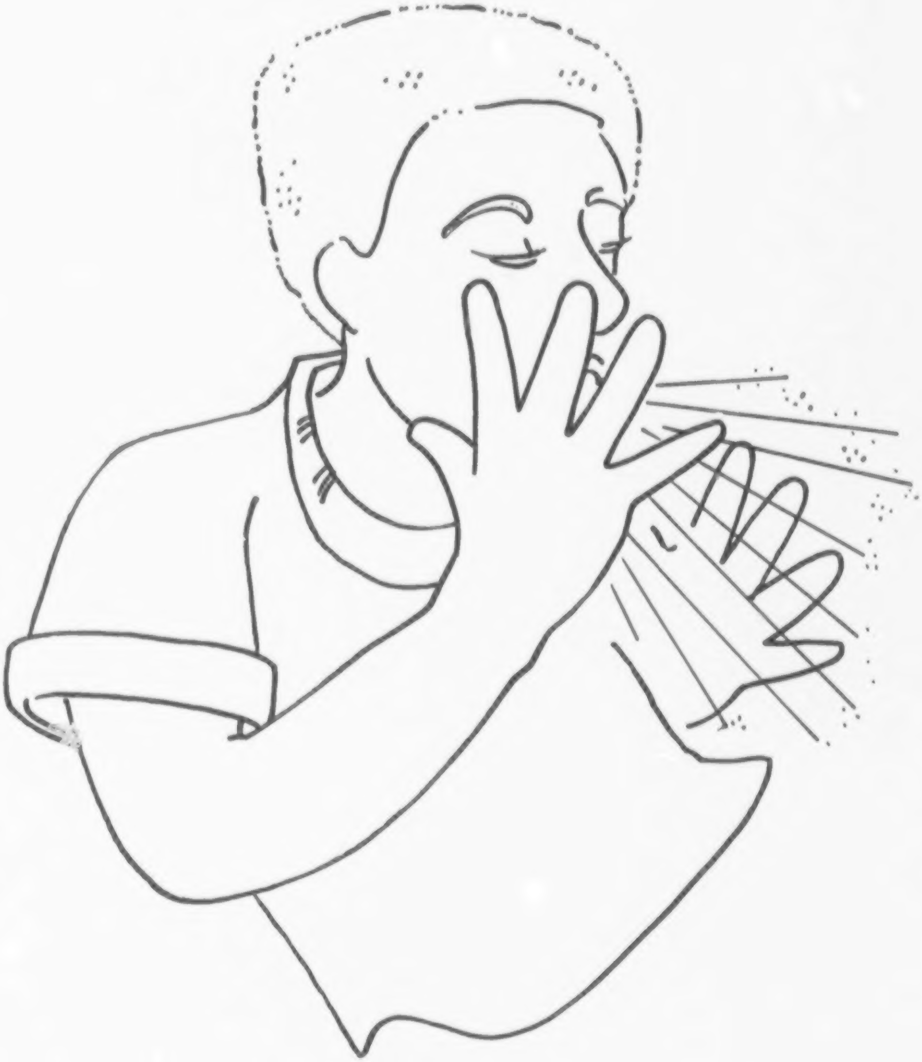
ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission.

NAME____ **DATE**__________________________

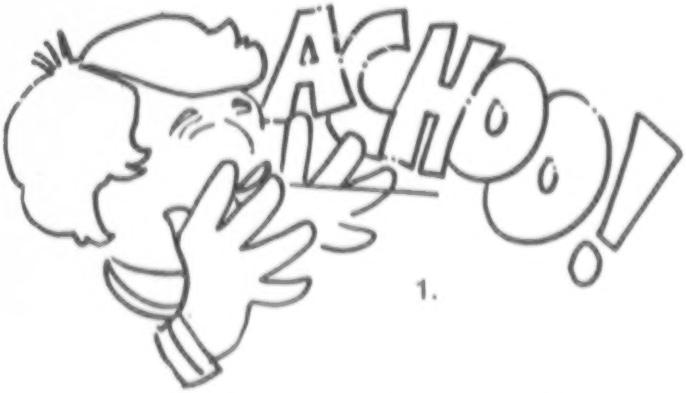


NAME____ DATE_________________________



NAME______________________ DATE______________

How Germs Are Spread



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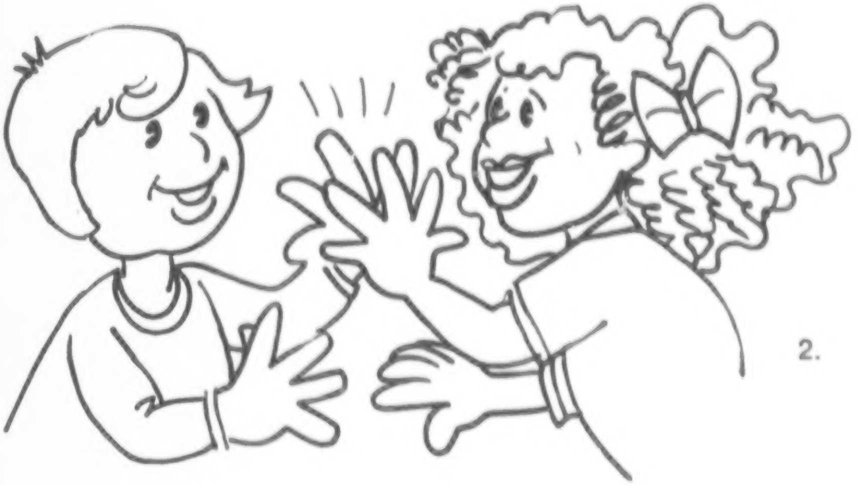

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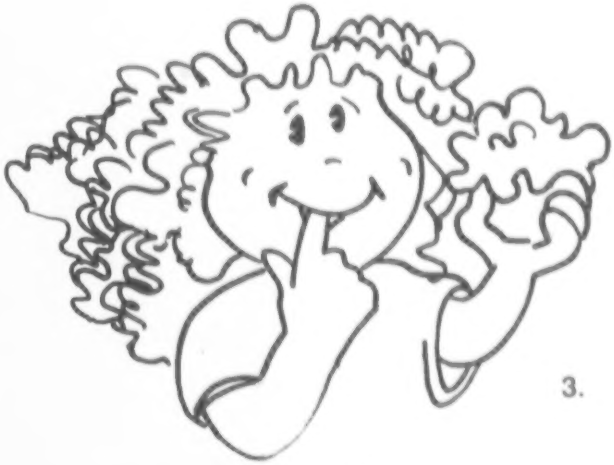

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LESSON OBJECTIVE

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Identify results of neglected responsibilities.

ACTIVITIES & STRATEGIES

Define *responsibility*: something that a person is accountable or responsible for—that is, a job or a behavior. Ask: "What are some responsibilities that boys and girls your age have?"

Discuss the responsibilities of different people in the community such as:

- nurse
- doctor
- clergy/rabbi
- dentist
- school custodian
- city waste collector (or sanitation worker)
- hospital worker
- scientist*

Introduce the term *health helpers*. What might happen if they neglected their responsibilities?

The students may create finger puppets or paper-cup puppets to role play this activity.

Focus on health issues and ask the students what would happen if they do not do their part at home. For example:

- The pet would become hungry.
- The garbage would pile up.
- Food would spoil.
- Germs might be spread.
- Family members might become sick.
- Teeth would decay.

Ask students to pick situations where responsibility was forgotten. Have them role-play what might happen if they neglect their responsibility.

* Describe a scientist as someone who looks at germs with a microscope and searches for ways to cure diseases and to keep us well.

RESOURCES & MATERIALS

Puppet supplies

Book suggestion:
Walt Disney's *Happy, Healthy Pooh Book*, Western Publishing Co., 1977

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept.

LESSON OBJECTIVES

III.A-2. Identify and practice personal safety and good health habits.

III.B-2. Set and pursue appropriate short-term goals.

Health **Grade 1**

1

TEXAS EDUCATION AGENCY

ASSESSMENT CRITERION

Monitor skills that promote wellness.

ACTIVITIES & STRATEGIES

Discuss the meaning of being well or healthy. Ask students to tell specific ways they can promote their own wellness. Discuss the behaviors on the worksheet, "What I Do Everyday To Stay Healthy," emphasizing good health habits and skills appropriate for this age group.

Ask for examples of behaviors that are unhealthy or healthy. Include the fact that it is not healthy for children to drink any kind of alcohol or to smoke tobacco. Also, emphasize that children must not take medicine except when they are sick and the medicine is properly given by an adult.

Give each student a worksheet and explain it. Ask each to take it home and show it to a parent. Carry out the activity for one week. Leave space for the parent to sign before the student returns it to school.

RESOURCES & MATERIALS

Worksheet: "What I Do Everyday To Stay Healthy"

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept.

WHAT I DO EVERY DAY TO STAY HEALTHY

____
Name

____
Parent Signature

Dear Parent:

At school, we are working on good health habits. Would you help your child check on these habits for a week? Also, please sign the chart and return it to school at the end of the week. Thank you.

	MON	TUES	WED	THURS	FRI	SAT	SUN
BRUSH TEETH							
WASH HANDS							
WEAR CLEAN CLOTHES							
DRESS FOR THE WEATHER							
GO TO BED EARLY							
PICK UP TOYS/ BOOKS							
EAT BREAKFAST							

Health **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Describe effective choices to maintain personal good health.

ACTIVITIES & STRATEGIES

Discuss some responsible hygiene habits that must be done each day, using "I _______."

Have the children complete the worksheet, "Healthy Habits Matching Game," by:

- matching the pictures to show healthy habits
- discussing what would happen if they didn't do these things everyday
- discussing the need to dress appropriately for the weather, using "I ______"

RESOURCES & MATERIALS

Worksheet: "Healthy Habits Matching Game"

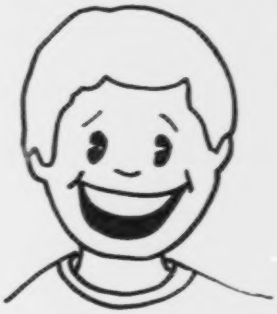
ESSENTIAL ELEMENT

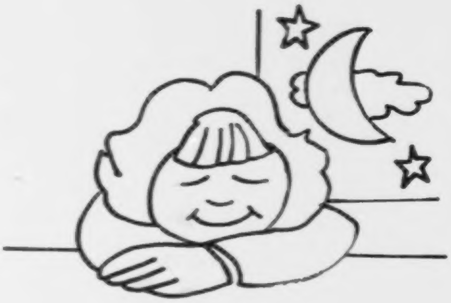
Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote habits of rest, sleep, posture, and exercise.

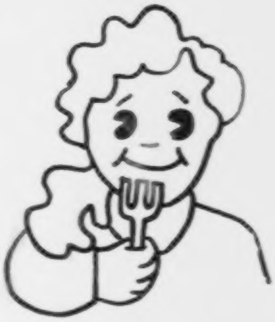
NAME________________________________ DATE______________________

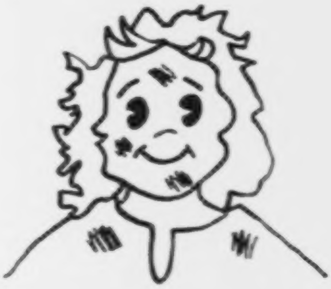
Healthy Habits Matching Game

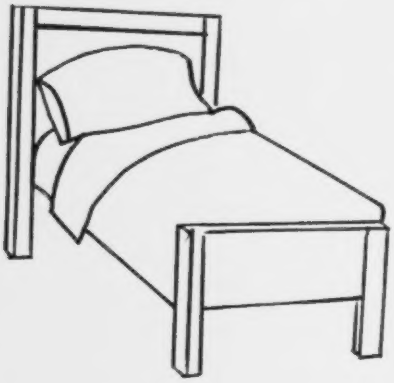
Draw a line to the opposite side to help the child stay healthy.

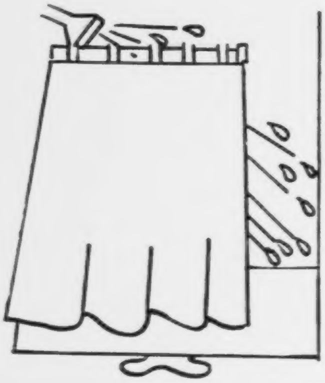


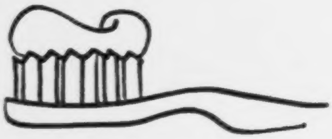


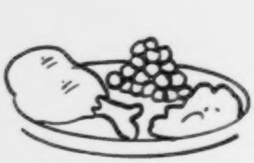












Health **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-4. Avoid/minimize behaviors which may lead to disease, illness, and injury

ASSESSMENT CRITERION

Describe the concepts of privacy and private.

ACTIVITIES & STRATEGIES

Ask students if they have heard the word *private*. Discuss ideas they have. Some may refer to *private parts*. Acknowledge this and give them proper terms (*penis, vagina*, and *anus*) if they refer to these specific parts with childhood terms.

Show the Teacher Resource; ask children if they have seen a sign with these words on it. Explain that the sign means the property belongs to a person and that person doesn't want anyone else on the property. *Private* means ownership.

Ask students if they have anything that is private—something that is theirs only. Some responses may be coat, toys, bed, room, cap, etc.

Tell students that bodies are also *private*. If they have mentioned *private parts*, refer to that. Say: "Private parts are under your swim suit. Your parent may help you clean those parts. The doctor or nurse may look and touch those parts when you are at the clinic. Otherwise, those parts are private, and no one should touch them."

Ask students if everyone has parts that are *private*. "Yes, everyone has private parts, and no one should ask you to touch *their* private parts."

Review the meaning of *private*. Put a sign on something (a cabinet, etc.) that is yours exclusively.

RESOURCES & MATERIALS

Teacher Resource: Private Property

Teacher Tip:

Age-appropriate activities on the prevention of sexual abuse/molestation are included in *ESR III* because incidences of children being infected with HIV through sexual abuse have been documented.

Help Yourself To Safety: A Guide To Avoiding Dangerous Situations With Strangers and Friends Kate Hubbard and Evelyn Berlin, 1985

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept.

PRIVATE

PROPERTY

LESSON OBJECTIVE

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Describe effective choices to maintain personal good health.

Health **Grade 1**

1

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Give the students copies of the worksheet, "Rose" or "Ralph" and ask them to:

- color the paper doll
- cut out the doll

Give the students copies of the worksheet, "Keeping Warm" and ask them to:

- color Rose's/Ralph's warm clothes
- cut out the clothes
- dress Rose/Ralph
- make more clothes

Talk about games that can be played in different types of weather. Have students cut out pictures from a magazine of seasonal clothing.

Talk about the need for a good night's sleep. Ask the students: "What would happen if you did not get enough sleep for a few days?" Ask them to share personal experiences.

RESOURCES & MATERIALS

Colors, scissors
Worksheet: "Keeping Warm"
Worksheet: "Rose" or "Ralph"

Teacher Tip

For Students With Special Needs

Enlarge the pictures of Rose/Ralph and the clothing. Color and glue velcro to the front of Rose/Ralph and to the back of all clothing. Ask students to attach appropriate clothing to the paper doll.

Poster board, velcro, clothing magazines

Teacher Tip

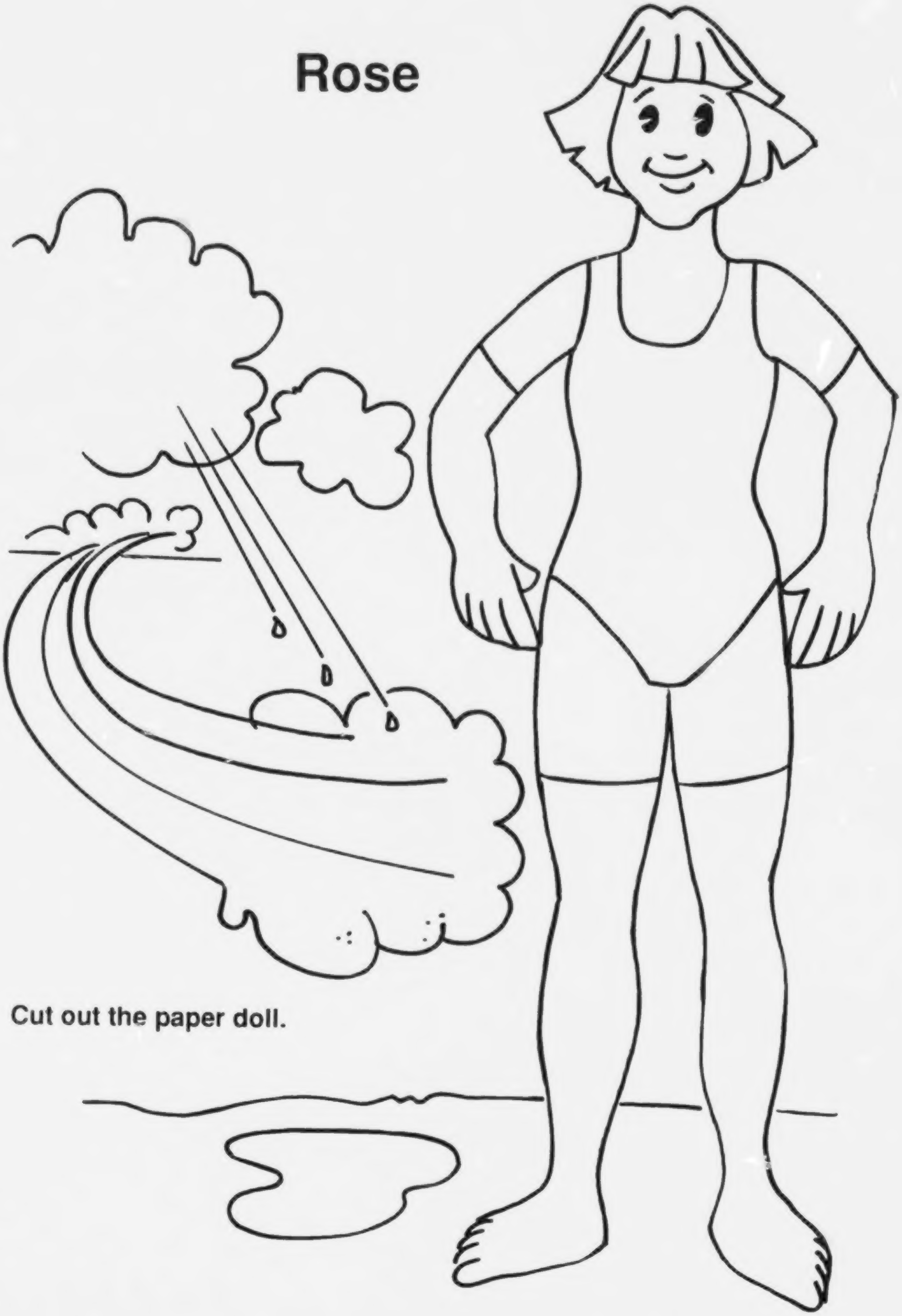
Option: Laminate the paper dolls and use for all seasons.

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote habits of rest, sleep, posture, and exercise.

NAME________________________ DATE____________

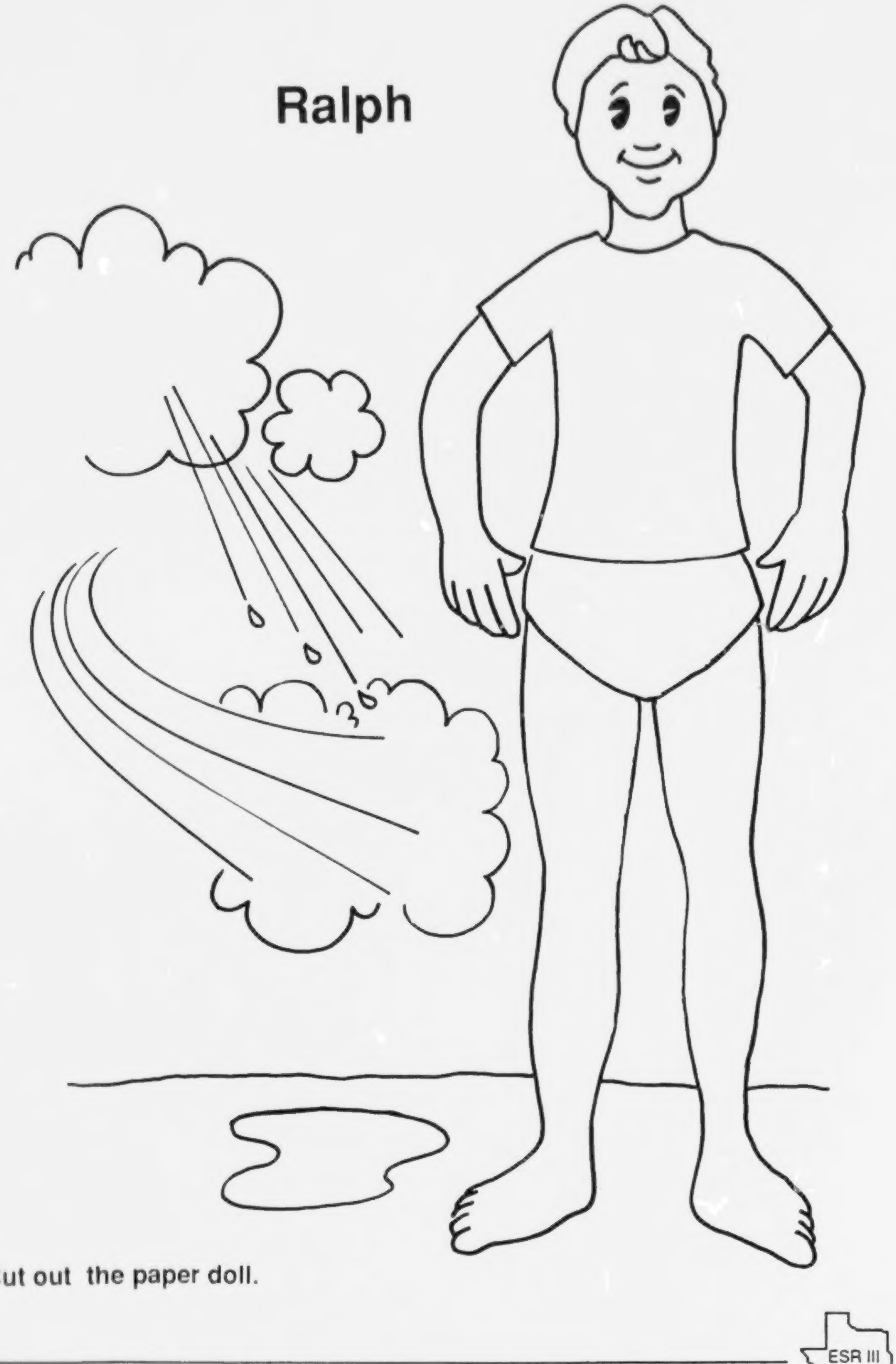
Rose



Cut out the paper doll.

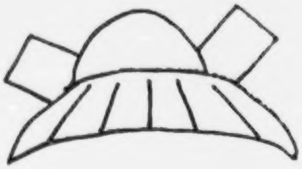
NAME______________________________ DATE____________________

Ralph

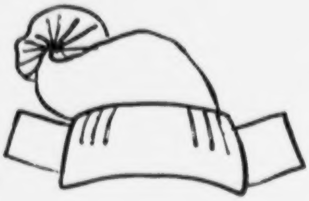


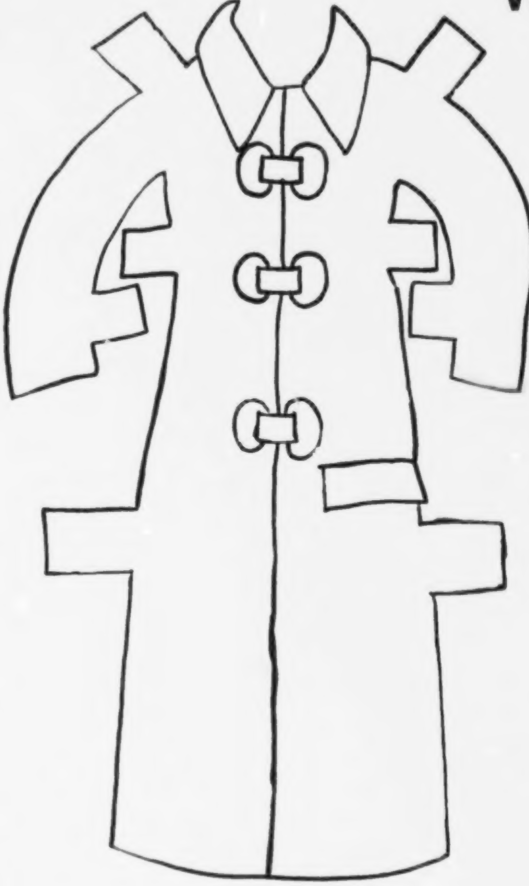
Cut out the paper doll.

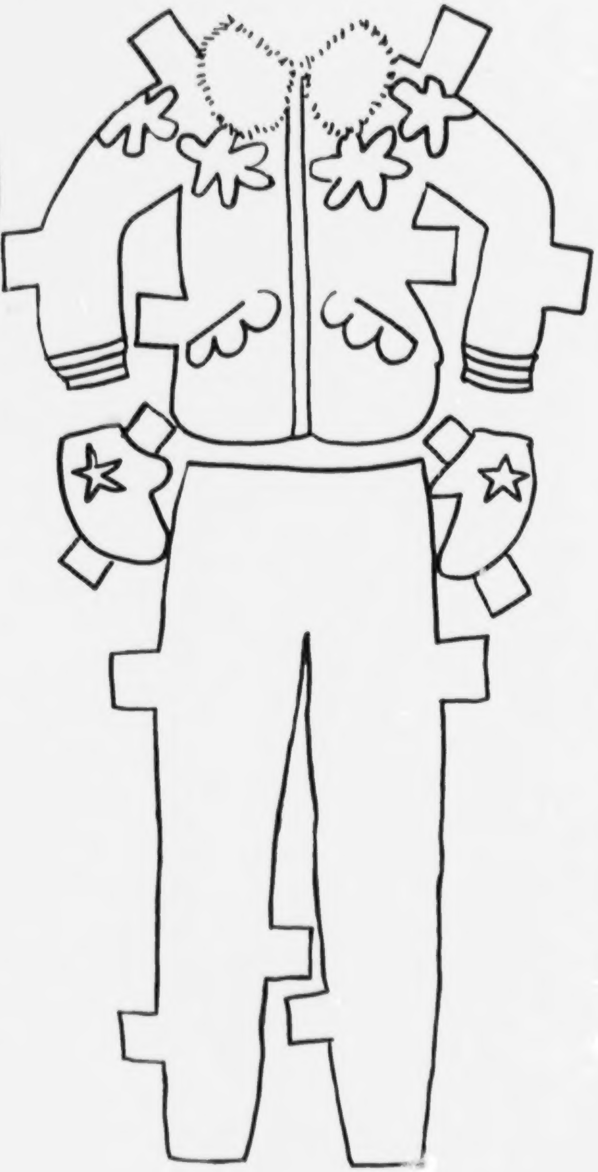
NAME_______________________________________ DATE__________________________

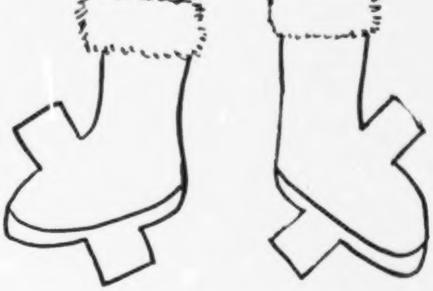


Keeping Warm



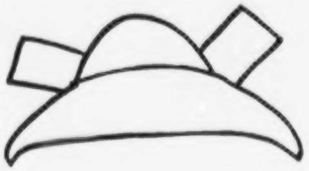




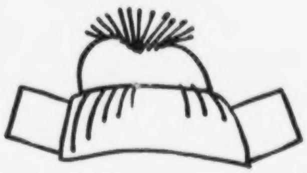


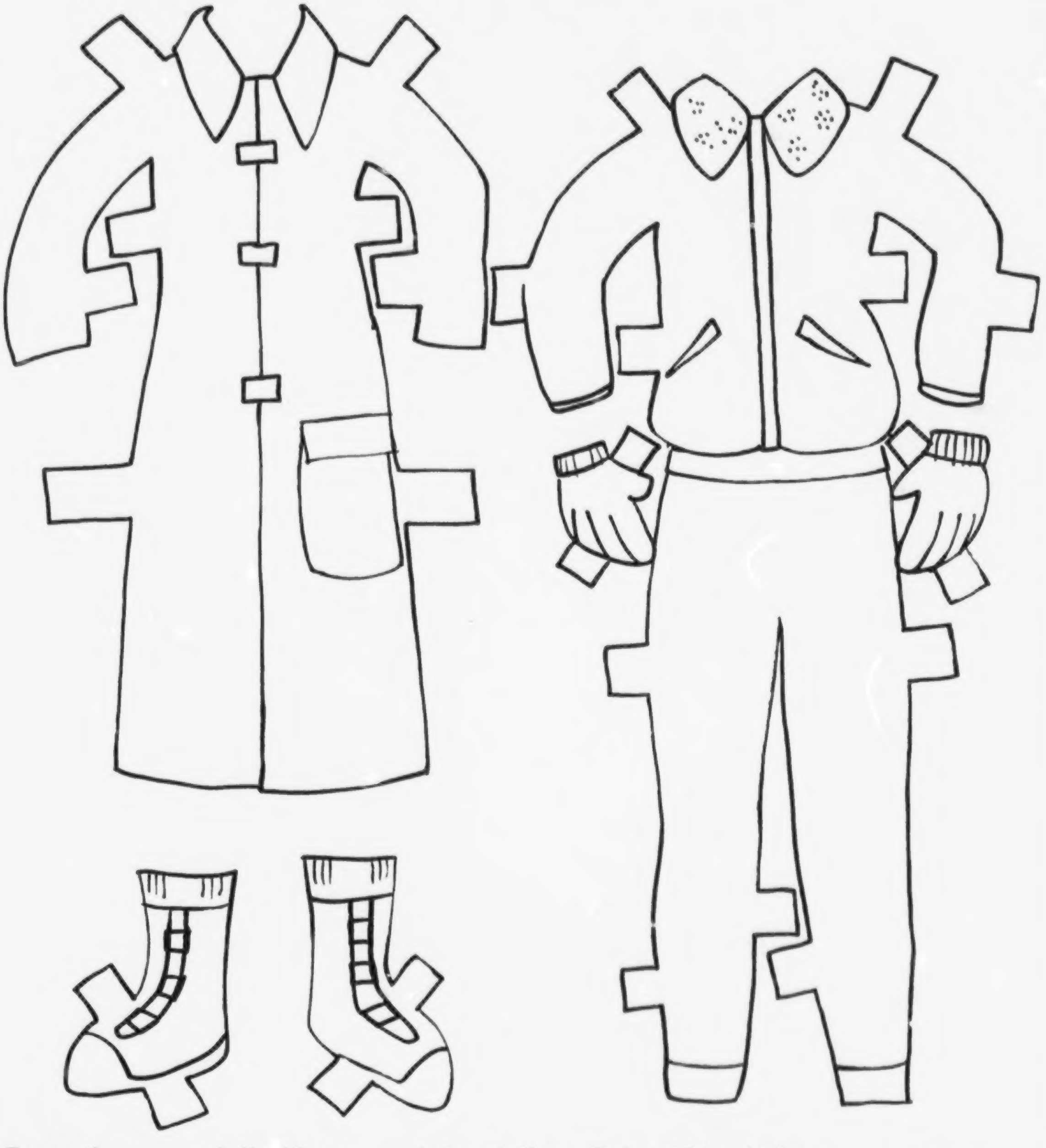
Dress the paper doll with warm winter clothes. Cut out her clothes.

NAME________________________________ DATE____________________



Keeping Warm





Dress the paper doll with warm winter clothes. Cut out his clothes.

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Identify healthy and unhealthy habits.

ACTIVITIES & STRATEGIES

Discuss the need to eat a variety of foods from the five food groups to maintain strength and health, including those from all five food groups. Ask the students to:

- Draw pictures of their favorite foods.
- Cut out the pictures of food from newspapers and magazines that help us grow and stay healthy.
- Play "Fill Your Plate." Divide paper plates into five parts, one for each food group. Make cards with pictures of foods on them.* (Cards could be color coded—white for milk or milk products; blue for breads and cereals; red for meats, nuts, etc.; green for vegetables; and yellow for fruits. Have students who have completed other assignments paste items on cards in preparation for the activity.) Each player draws a card in turn. If the student has a place on the plate for that food category, he or she keeps it. If not, the card is put on the bottom of the deck. The first student to fill his or her plate wins.
- Ask "What food do you not?" Help the students find a food to substitute that has the same nutritive value. Glue that picture to the back of the plate. Give examples of nontraditional foods. For example, scrambled eggs for lunch, pizza for breakfast.
- Discuss overeating and undereating as harmful to the body.
- Discuss the results of consuming too many calories and how it can be harmful to health.
- Discuss the results of not consuming enough foods to get an adequate supply of nutrients.

Optional: Make a class recipe book. Ask the students to tell what food prepared in the home is their favorite and what it is made of. Send home a note asking the parent to record how the food is prepared. Type the recipe and reproduce enough copies for the whole class. Introduce each recipe with a personal statement like: "Shandra Jones really likes this fish dish."

*Fruits and vegetables have now been separated into two groups.

RESOURCES & MATERIALS

Manila paper, poster board for cards, scissors, glue, newspapers, magazines, catalogs, paper plates

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ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote nutritional health.

LESSON OBJECTIVES

I.B-8. Describe symptoms of some communicable diseases.

II.B-2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

ASSESSMENT CRITERION

Identify the passing of germs as one method of disease transmission; identify symptoms of some diseases.

ACTIVITIES & STRATEGIES

Use a transparency to teach students about germs. Ask: "Would a germ really be this big?" "What do scientists use to look at germs?"

Concepts to develop:

- Some germs are good germs and some germs are bad germs.
- Germs are tiny living things.
- Bad germs can cause disease.
- A special germ may cause one disease like a cold; another germ may cause a sore throat.
- We get sick when germs enter our bodies.

Ask students how germs get into bodies (through body openings like the mouth, nose, ears, and eyes and through openings in our skins like cuts, sores, injuries, etc.).

Ask how germs are spread from one person to another (sneezing, coughing, sharing food/dishes, etc.).

Ask students to remember a time when they were sick; how did they feel?

What did they do to keep from spreading the germs? (When a child's sick, he or she may go to a doctor and stay home from school; cover the mouth and nose with a tissue when sneezing or coughing; not hug or touch friends; wash hands; etc.)

Ask students what they should do every day to avoid spreading germs. (Put particular stress on handwashing; not share food or utensils; not put pencils, etc. in the mouth; and follow other general good health habits.)

Gather common items to show the possibilities for transmitting germs: apple, tissue, eraser, pencil, straw, spoon, glass, Band-Aid, etc. View the germ transparency again and remind students that tiny organisms like this are on these items.

Use the worksheet, "Which Should You Not Share?" to reinforce concepts.

Option:
Have a high school science student set up a microscope for students to view slides of organisms.

RESOURCES & MATERIALS

Transparency: Germ

Apple, tissue, eraser, pencil, spoon, straw, or soda can

Worksheet: "Which Should You *Not* Share?"

ESSENTIAL ELEMENTS

- *Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be given opportunities to draw conclusions from observed data.*
- *Science. Relate objects and events to other objects, and events. The student shall be given opportunities to relate objects and activities to daily life.*

Health **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.A-2. Identify and practice personal safety and good health habits.
III.D-1. Share correct information with peers and family.

ASSESSMENT CRITERION

Identify healthy and unhealthy habits.

ACTIVITIES & STRATEGIES

Have the students complete the "What's Good for Me" worksheet by putting an *X* over the things that are unhealthy for children. Draw a line from the article to the body to indicate items that are acceptable for children.

Talk about the *only* time a child would put pills into his or her mouth. "Yes, *only* when your parent or grandmother gives you a vitamin or a pill for medicine if you are sick."

Shoe box activity:

- Cut an opening in the tops of two shoe boxes. Decorate to illustrate the idea of safe/not safe or healthy/unhealthy.
- Ask students to cut out pictures of items that are safe to put in their mouths and things that are unsafe to put in their mouths from old magazines and newspapers. Have them place the pictures in the proper boxes.
- When the boxes have been filled, the contents may be emptied and reviewed to support good health practices. Have students pull out a picture and tell if it's a good or bad health habit.

Optional:
Later, for group activities, assign one group to make a collage of pictures of items that support wellness and another group to create a collage of items that are not healthy.

RESOURCES & MATERIALS

Worksheet: "What's Good for Me"

Two shoe boxes, scissors, newspapers, magazines, catalog

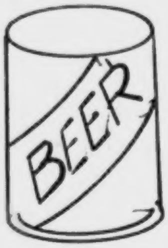
Book suggestion:
Make The Most of A Good Thing: You! by Diana Shaw

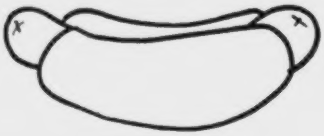
ESSENTIAL ELEMENT

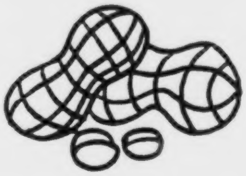
Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize negative effects of the use of alcohol, tobacco, marijauna, and other drugs, with special emphasis on illegal drugs.

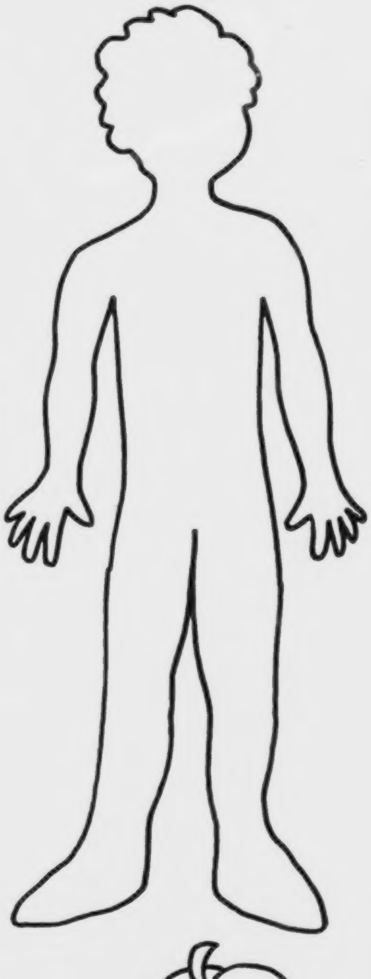
NAME______________________________ DATE____________________

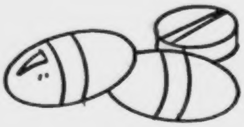
What's Good For Me

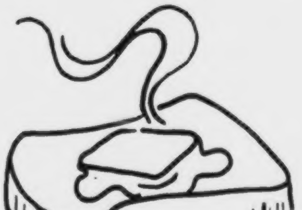


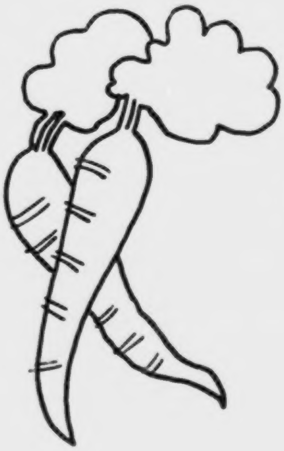


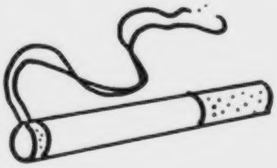


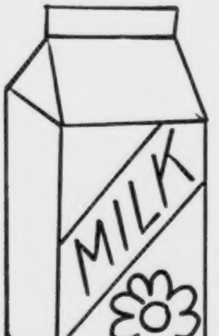


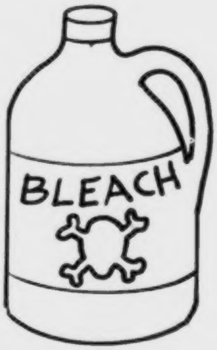


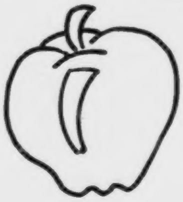












Cross out unsafe things to put in your mouth.

Draw a line to the body for safe things to put in your mouth.

Health **Grade 1**

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-3. Develop and use skills for coping with change, success, and failure.

ASSESSMENT CRITERION

Identify skills and feelings when coping with change.

ACTIVITIES & STRATEGIES

Ask students to draw something (a monster, an object) they think of as unlovable, something that may be scary or dangerous. Ask the students to introduce their unlovables and explain why they are not lovable. Have them exchange their drawings and let other students give explanations why the unlovables are the way they are and how it feels to be an unlovable.

Have students discuss how they felt about their unlovables at first and how they feel about them now. Then ask students to share experiences in which they at first thought they wouldn't like (person, thing, or food) but found out differently. What are some good feelings they may have when they find out they like something after all.

Ask the students:
- Do we have to have good feelings about everyone?
- Do we sometimes limit our good feelings by being afraid of something new or different?
- Can having good feelings be a good experience?

Ask each student to tell you one good feeling and write this feeling on the back of the worksheet, "Let's Go Fishing." Place all the fish in a "fish bowl." Each student may go fishing for a good feeling. Read each feeling out loud after the student reels it in.

RESOURCES & MATERIALS

Paper, colors

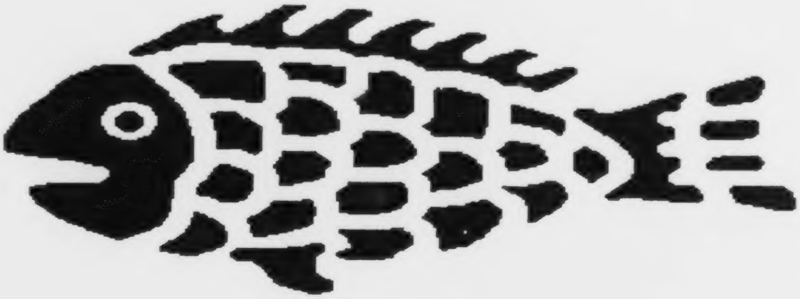
Worksheet: "Let's go Fishing"
Stick, string, bowl or dish

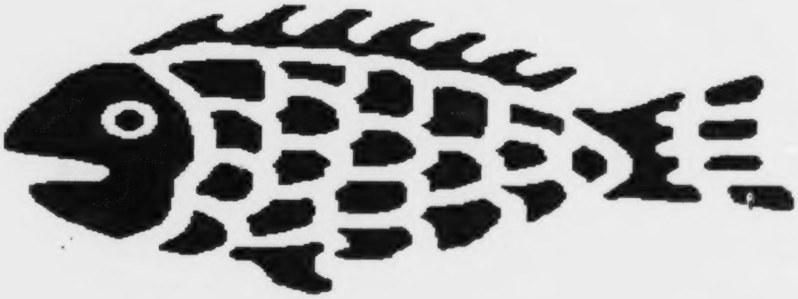
ESSENTIAL ELEMENT

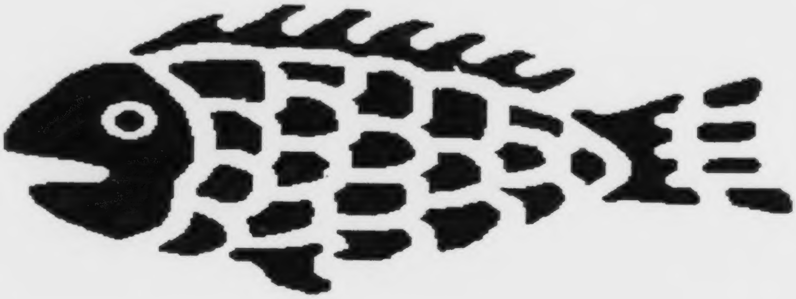
Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

NAME________________________________ DATE______________________

Let's Go Fishing







Language Arts **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-7. Develop and practice effective peer skills including assertiveness and negotiating skills.

ASSESSMENT CRITERION

Recognize healthy qualities and attributes that make each person special.

ACTIVITIES & STRATEGIES

Ask students to think about things they like about themselves.

Have students draw pictures of themselves. Have them tell positive words or statements about themselves as they show their pictures. Print the positive words on the pictures for the students.

Ask students what *bragging* means. Discuss the difference between bragging and feeling good about yourself.

Ask students to exchange pictures with the child to the right of them. Each student (or the teacher, if necessary) should add a positive word or statement to the picture.

Have students share what they like about themselves and what they like about the person next to them.

Make posters with the pictures and tape them to the walls in the classroom or hallway.

Option:
Instead of having students draw pictures of themselves, trace around each student's body on butcher paper.

Option:
As students tell attributes they like, print these on large slips of paper and give them to the students to place on their self-portraits.

RESOURCES & MATERIALS

Construction paper, scissors, crayons, tape

Book suggestion:
Celebrate You: Building Your Self-Esteem
by Julie Talla Johnson

ESSENTIAL ELEMENT

English language arts. Integrated listening and speaking behavior to receive and produce meaning. The student shall be presented opportunities to speak fluently in different settings for a variety of purposes and audiences: use a variety of words to convey meaning and describe personal ideas, feelings, and experiences.

Language Arts **Grade 1**

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Contribute good decisions to story starters.

ACTIVITIES & STRATEGIES

Stimulate creative thinking solutions and decision-making skills through a continuous story development exercise.

Divide the class into groups of four students.

Read a story starter to one group at a time. Have each student in the group contribute to the story by adding one statement forming a complete story. The teacher will write and then repeat the entire story to the class.

Story starter examples:
- Billy was walking to school and found a five dollar bill.
- Felicia and Rosa decided they would stay up real late.
- Derrick walked into his apartment and thought he smelled smoke.
- The first grade class was asked to talk about new rules for the classroom.
- Suzanna's family decided to go camping for the weekend.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

English language arts. Integrated listening and speaking behaviors to receive and produce meaning. The student shall be presented opportunities to speak fluently in different settings for a variety of purposes and audiences: develop skill in using the conventions of English to produce effective oral communications.

LESSON OBJECTIVE

III.B-9. Set and pursue appropriate short-term goals.

ASSESSMENT CRITERION

Recognize that factual information is available about diseases.

ACTIVITIES & STRATEGIES

Talk about different illnesses or diseases that students have heard about or have actually experienced.

Print these on the chalkboard.

If students did not mention AIDS, add that to the list. Many will have picked up the fears and misconceptions that are common among adults. Ask students where we could find out more about these diseases. Ask: "Who could we ask?"

Mention the school nurse (or the parent of a student who is a doctor or a nurse). Plan with the students to ask the nurse to visit the class. Discuss the fact that the nurse has some rules about diseases: When does she send someone home? What can she tell us about what is catching and what is not? What can she tell us about AIDS? Copy the list on the board to give the nurse. Ask her to bring the *School Nurse Handbook for the School Health Program* and refer to it as a reference.

Tell students, and inform the nurse what you have shared, that "AIDS is very serious but is mostly a grown-up and teenager disease. And grown-ups and teenagers know what they should do to prevent the disease. A few children have AIDS—they contracted it as babies because their mothers had AIDS, or they got it through a blood transfusion. Blood transfusions in our country are now tested so we don't have to be afraid of getting AIDS that way." Ask the nurse to give the same or a similar message.

Remind students of the list of diseases that was generated when the nurse comes to visit. After the nurse's visit, ask student volunteers to tell the other class members one thing she said. Correct misconceptions.

Option:
Ask students to draw "thank you" pictures for the nurse.

RESOURCES & MATERIALS

School Nurse Handbook for the School Health Program

Book suggestion:
Learning About AIDS by Alvin Silverstein

ESSENTIAL ELEMENT

English language arts. Integrated listening and speaking behaviors to receive and produce meaning. The student shall be presented opportunities to listen attentively in different settings for a variety of purposes: focus attention on and listen to both adult and peer speakers during large and small group interactions.

Language Arts **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy ways of expressing thoughts and feelings.

ACTIVITIES & STRATEGIES

It is normal to have all different kinds of feelings. Adults feel happy, sad, or mad too. Your feelings are all just a part of being a special person.

Explain to the students that one way of dealing with or expressing personal feelings is to draw and color.

Ask the students to illustrate three types of feelings on the sack. The teacher may assist students in writing their name on the sack.

Ask the students to share their "Feelings Sack" with the class describing and telling their three feelings such as:
- I feel happy when...
- I feel surprised when...
- I would be surprised if...

RESOURCES & MATERIALS

One large, white paper sack for each student, crayons, and markers

Book suggestion:
What Feels Best and *It's Not Fair* by Anita Harper and Susan Hellard
G.P. Putnam's Sons, NY, 1988.

ESSENTIAL ELEMENT

English language arts. Speaking. Developing fluency in using oral language to communicate effectively. The student shall be provided opportunities to engage in creative dramatic activities and nonverbal communication.

LESSON OBJECTIVE

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Practice communication techniques in a group setting.

ACTIVITIES & STRATEGIES

Play the game "Oh Bill" or "Oh Jane."

Using the phrase, "Oh Bill" or "Oh Jane," have some of the students say the phrase in different tones of voice to indicate different feelings. Have the other students guess the feelings expressed. Speak to express:

- excitement
- reluctance
- surprise
- danger
- fatigue and any other emotion the teacher or students might wish to include
- fear
- happiness

To add a touch of mystery and to eliminate visual clues, the students saying "Oh Bill" or "Oh Jane" might stand at the rear of the room so that the voice gives the only clue to the feelings being expressed.

Option:
Have special needs students pantomime each emotion.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

English language arts. Integrated listening and speaking behaviors to receive and produce meaning. The student shall be presented opportunities to speak fluently in different settings for a variety of purposes and audiences: describe personal ideas, feelings, and experiences.

Mathematics **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Identify and practice personal safety and good health habits.

ACTIVITIES & STRATEGIES

Describe effective choices that will help students maintain their personal good health. Have the students complete the worksheet, "Setting the Clock." Tell them to:

- cut along the lines in the eye slots
- cut out the hands on the page and attach them to the clock with a fastener
- cut out the eye strips and insert them into the eye slips. Eyes may be moved to reinforce sleeping and waking time. Hands may be moved from bedtime to wake-up time.

Discuss individual bedtimes. Do all students need the same amount of sleep? Adults versus children? Children of this age need about 10 hours of sleep each night.

Discuss with the students the importance of getting a checkup from a doctor if they are sick or not feeling well. Talk about the physician as a helper.

Option: For students whose fine motor skills are undeveloped, use a real or simulated clock to teach the idea of sleeping and waking time. Then assign a buddy to assist with cutting and assembling the worksheet clock. Or, make a clock for the class. Or, make the clock in a group activity.

RESOURCES & MATERIALS

Worksheet: "Setting the Clock"

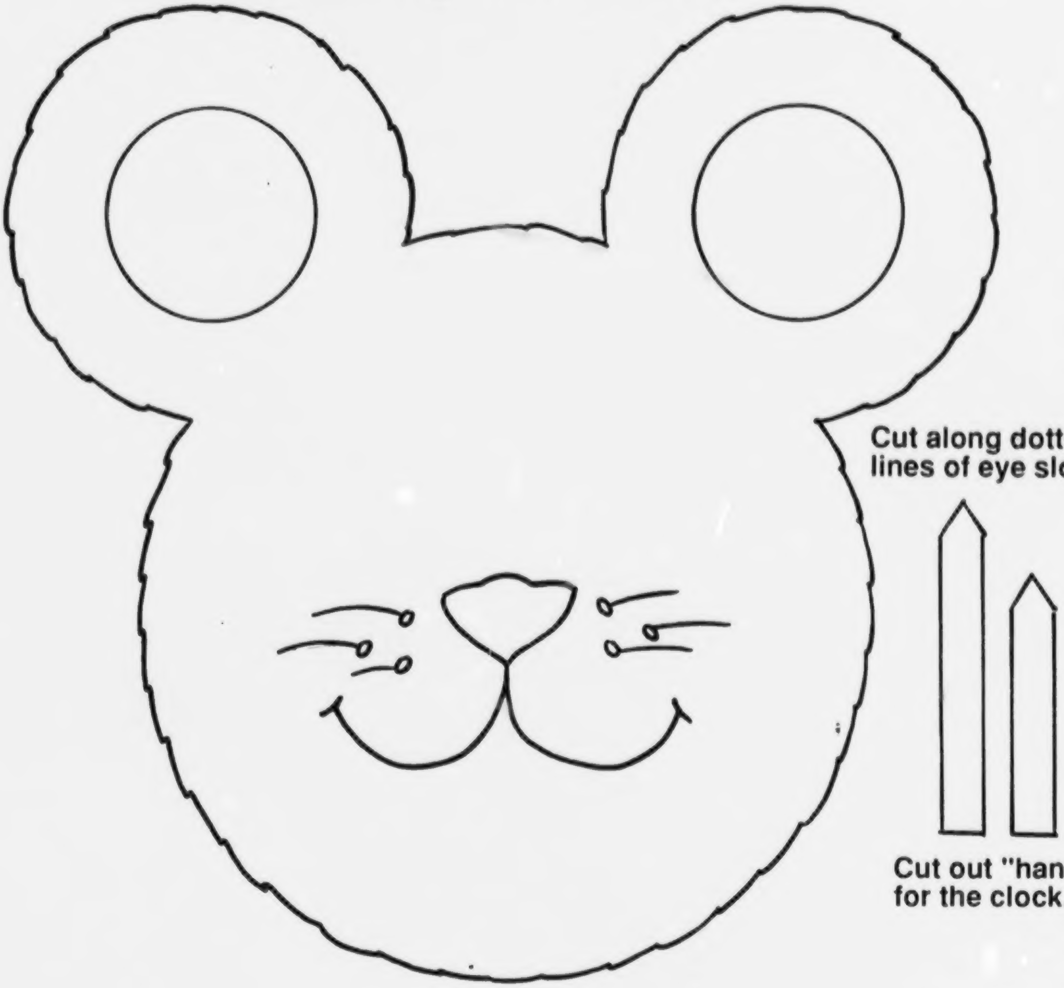
Colors, scissors, fasteners

ESSENTIAL ELEMENT

Mathematics. Measurement. Concepts and skills using metric and customary units. The student shall be provided opportunities to explore the concept of time.

NAME______________________________ **DATE**____________________

Setting the Clock

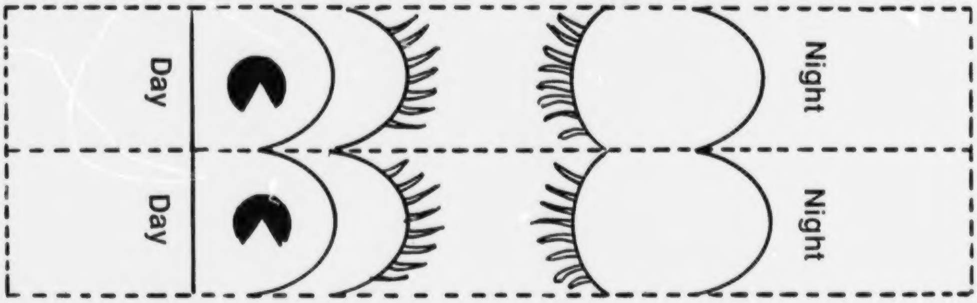


Cut along dotted lines of eye slots.

Cut out "hands" for the clock.

EYE STRIPS

Cut along dotted line



Insert eye strips in eye slots on the clock.

LESSON OBJECTIVE

II.A-2. Examine the consequences of risky behaviors.

ASSESSMENT CRITERION

Describe consequences of personal unhealthy behavior.

ACTIVITIES & STRATEGIES

Complete the worksheet, "The Girl Who Had Too Much Soda." Ask the students how they might feel in the same situation. How could the situation have been prevented? What would they do differently the next time?

Ask the students, " How do you feel when..."
- you stay up too late and are very tired
- you have too much cake and candy at a birthday party
- you stay in the sun too long
- you play too hard on a hot day

Option:
For advanced students, have them figure how many ounces the girl drank if each soda contained eight ounces.

RESOURCES & MATERIALS

Worksheet: "The Girl Who Had Too Much Soda"

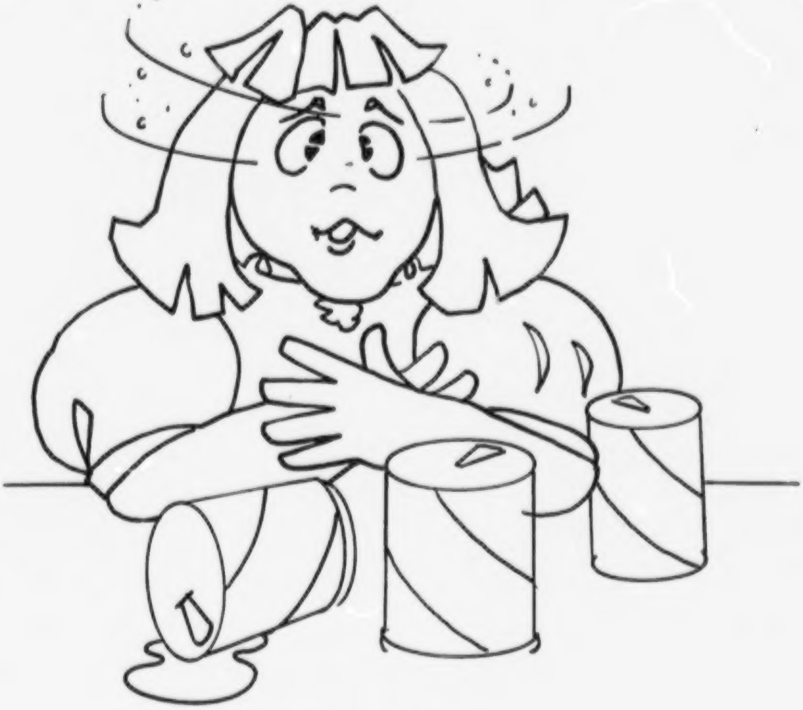
Book suggestion:
Feeding and Digestion by Dr. Gwynne Vevers, Lothrop, Lee and Shepard Books, 1984
Why Do We Eat? by Pamela Espeland, Creative Education, Inc., 1981
What Happens To a Hamburger? by Paul Showers and Thomas Y. Cromwell, 1985

ESSENTIAL ELEMENT

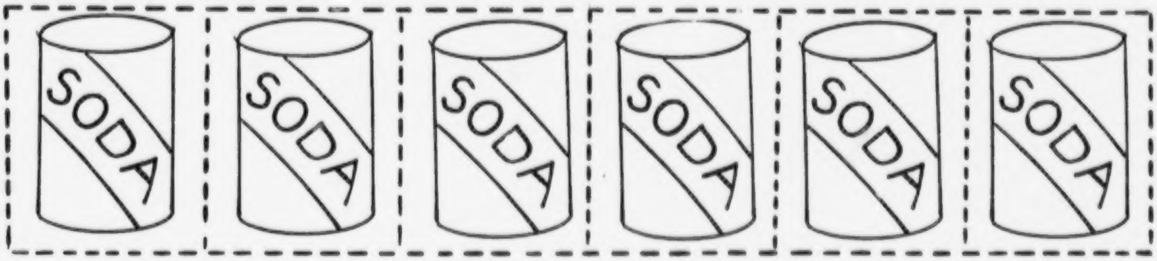
Mathematics. Operations and computation. Use of manipulatives to develop the concepts of basic operations on numbers and to apply these concepts to the computational algorithms. The student shall be provided opportunities to demonstrate an understanding of addition and subtraction and their inverse relationship by joining, separating, and comparing sets of objects.

NAME______________________________ DATE____________________

The Girl Who Had Too Much Soda



Gina had 6 cans of soda. How many more cans of soda make 6?
Cut out the correct number of cans below.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SODA
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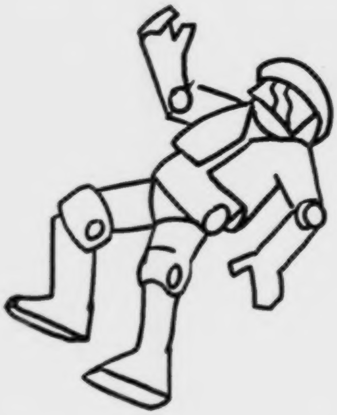
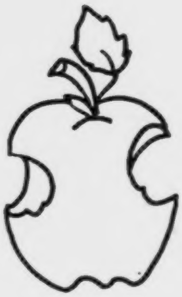
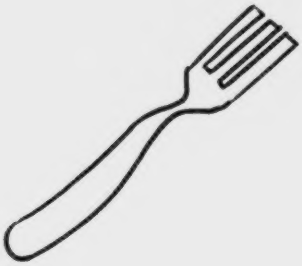
SODA

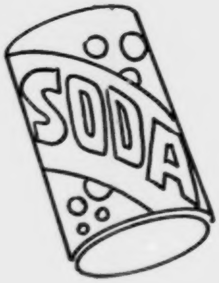
NAME________________________________ DATE____________________

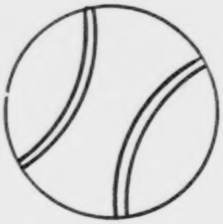
Which should you not share?

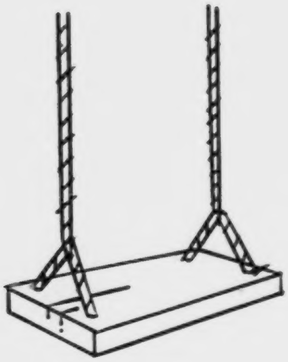


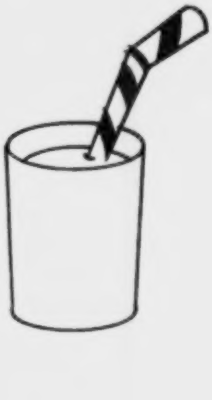


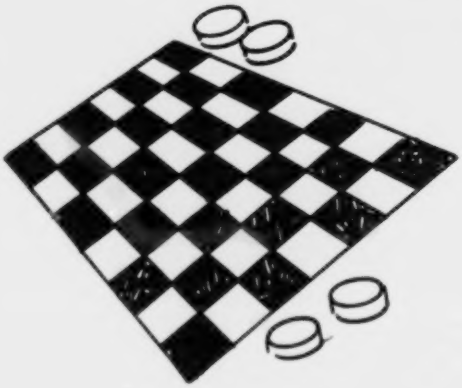


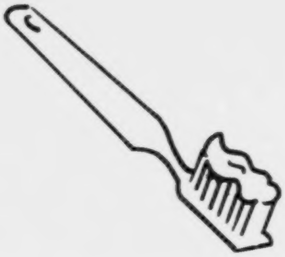












Science **Grade 1**

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

- I.B-3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.
- I.B-4. Describe methods of transmission of some communicable diseases.

ASSESSMENT CRITERION

List ways we can protect ourselves from germs.

ACTIVITIES & STRATEGIES

Begin the lesson by explaining the concept of skin as a natural barrier that fights against germs and bacteria.

Talk about ways, including the following, that we can keep germs out:

- Wash with soap and water.
- Use bandages on minor cuts and scrapes.
- Avoid sunburn.
- Don't pick up needles or other sharp objects that someone else has used.
- Don't share blood as in blood brothers.

Play the game Red Rover. Near the close of the period, use the game to show how our skins keep out germs. When there's a break in the defense, live germs can enter.

Play the game several times, having volunteers as germs with the line representing the skin.

Conclude by asking the class to complete the statements:

- If there is a break in the skin then…
- If a person washes their hands then…
- If a person shares blood with another person then…

RESOURCES & MATERIALS

ESSENTIAL ELEMENTS

- *Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be given opportunities to identify cause-and-effect relationships.*
- *Science. Identify and manipulate the conditions of investigations. The student shall be given opportunities to complete if/then statements and situations.*

LESSON OBJECTIVES

I.A-2. Name some communicable and noncommunicable diseases.
III.A-2. Identify and practice personal safety and good health habits.

Science **Grade 1**

1

TEXAS EDUCATION AGENCY

ASSESSMENT CRITERION

Identify and practice healthy behaviors that reduce the chance of becoming sick.

ACTIVITIES & STRATEGIES

Begin with all the students standing. Ask if there are any students in the class who have never been sick. Ask those students to sit down. Ask the students if they know anyone in their family who has never been sick. Tell the students who have a family member who has never been sick to sit down. How many students are still standing? Ask the students who would like to always be healthy to sit down. Do students think it's important to stay healthy? Explain to students the reasons people stay healthy. Are there things people can do to help themselves to stay well? Encourage students to share their ideas about how to stay well. (Regular check-ups, immunizations, three meals a day, eating good foods, nine hours of sleep, keeping clean, drinking plenty of water, exercising every day, etc.)

Ask students to name some of the sicknesses they know. Guide them to include communicable and noncommunicable diseases such as mumps, chicken pox, colds, flu, polio, cancer, measles, and diabetes. Explain that "some of these diseases a person can catch from other people and some a person does not catch from other people." (Use activities including germs preceding this lesson.) As each disease is named, write the name in large print on the life-size body outline.

Tell the students to think about how many people they know who have had each disease. Pass out at least 10 pieces of scrap paper to each student. Tell students to crumple up a piece of paper for each person they think of and put it in a pile on the floor. The pile will get bigger as each disease is named. Explain to students that when someone gets sick, germs have won a battle in that person's body. Have groups of students attach the crumpled papers to the bulletin board. Explain that each crumpled piece of paper stands for a germ victory. Label the bulletin board "Germ Victories."

Ask the class to formulate one statement explaining the cause and effect relationship of healthy behaviors and staying healthy. Post the statement on the bulletin board for a daily reminder.

RESOURCES & MATERIALS

Draw a life-size outline of a student's body on butcher paper and post it in front of the classroom.
6x8 pieces of scrap paper or newspaper

Stapler, tacks or tape, bulletin board

ESSENTIAL ELEMENTS

- *Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to identify cause-and-effect relationships and draw conclusions from observed data.*
- *Science. Relate objects and events to other objects and events. The student shall be provided opportunities to relate objects and activities to daily life.*

LESSON OBJECTIVES

I.B-4. Describe methods of transmission of some communicable diseases.

III.A-1. Access factual information on some communicable diseases.

ASSESSMENT CRITERION

Identify common liquids and compare them to body fluids that transmit germs.

ACTIVITIES & STRATEGIES

Show students a rubber fish or a picture of a fish. Ask the students what happens to real fish when they are removed from water. (They die.)

Explain that some germs are like fish—they live in liquids. A liquid is something you can pour or something that would drip. Water is a liquid.

Ask students to name some liquids that could be found at home in the refrigerator. As students respond, take sample refrigerator items out of a bag.

Tell students to notice the different colors and thicknesses of the liquids. Point out that different liquids are used for different things.

Explain that the liquids inside our bodies are called fluids. The body contains different kinds of fluids. Help the students think of different body fluids. Examples:

- blood
- saliva
- urine
- sweat
- tears

As fluids are named, place word cards on the bulletin board. As necessary or appropriate, discuss the meaning of each word.

Explain that some germs live inside the body in body fluids. There are many germs that live outside the body. The germs that live on the inside of the body die if they are taken out of the fluid, just as a fish dies when it is removed from water. If we don't share body fluids, we will not share the germs that live in the fluids.

Finalize the lesson with a discussion on the prevention of germ transmission. Divide the class into small groups. Pass out the worksheet, "Germs." Instruct students to complete the worksheet as a group. Ask each group to report to the entire class.

RESOURCES & MATERIALS

Rubber fish or picture of a fish (Teacher Resource)

Grocery bag
Five or six empty containers that originally contained liquids such as:

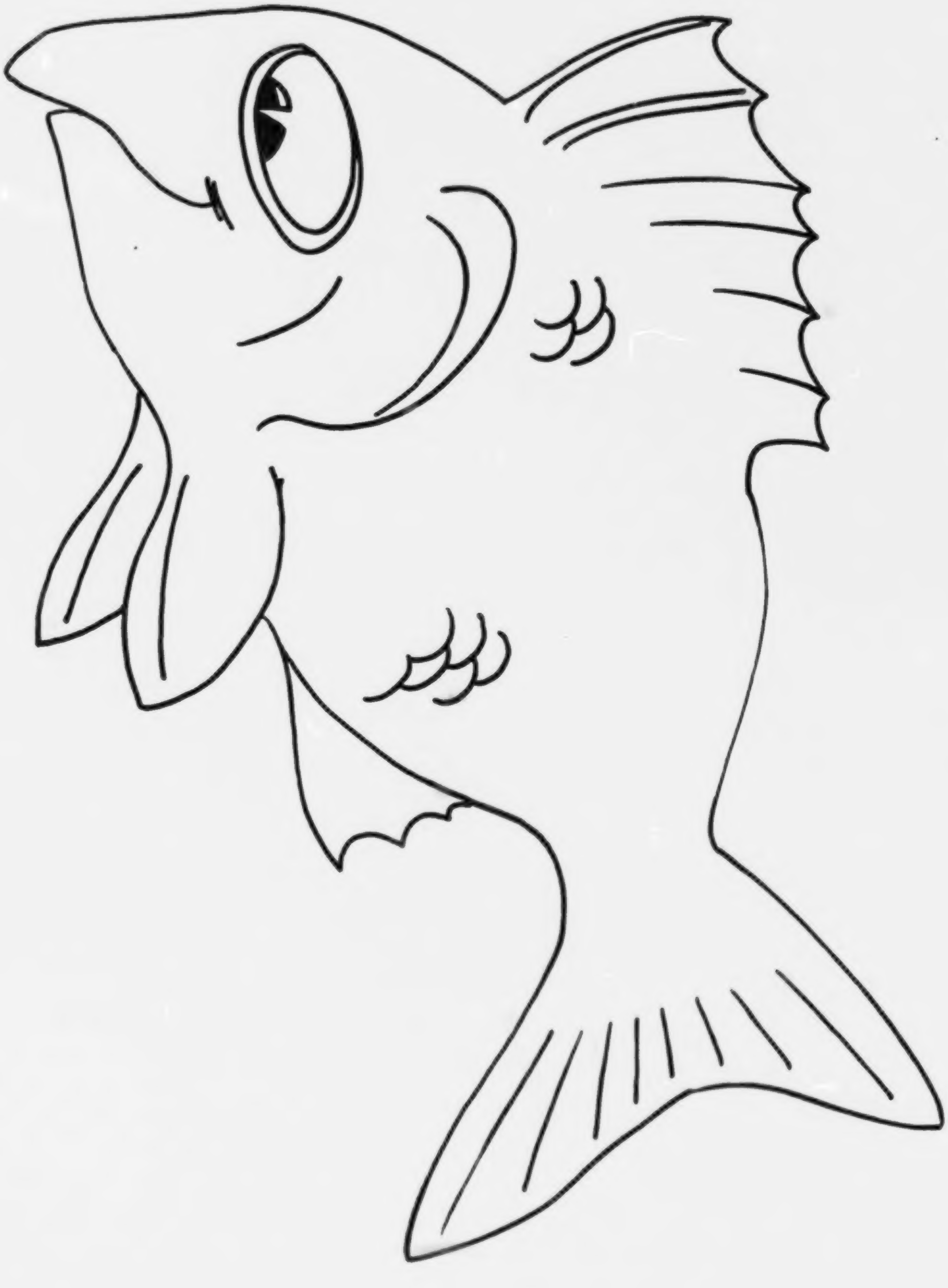
- milk
- apple juice
- pickle juice
- salsa
- syrup

Word cards: blood, liquids, mucus, saliva, sweat, tears, urine

Worksheet: "Germs"

ESSENTIAL ELEMENT

Science. Acquire data through the senses. The student shall be given opportunities to observe similarities and differences in objects, organisms, and events.

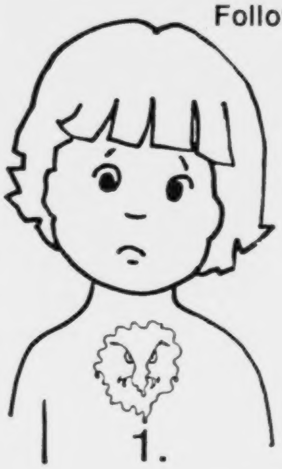


NAME________________________________ DATE____________________

Germs can travel from person to person. Sometimes germs can make you sick.

Follow the germ.

Mark an "x" on the germ each place it could have been stoped.



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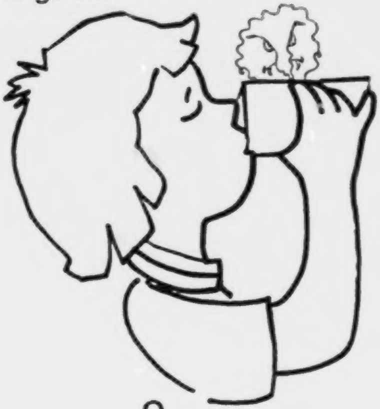

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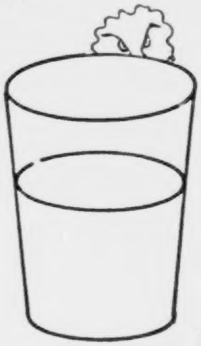

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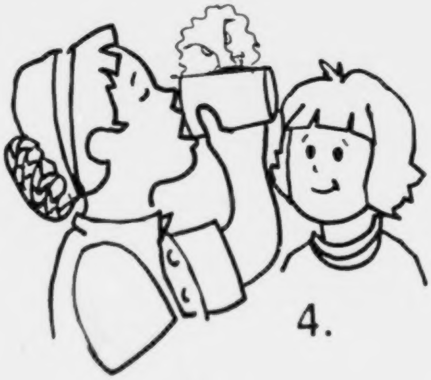

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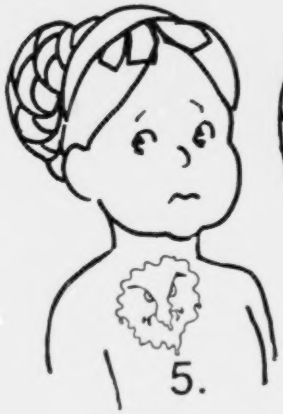

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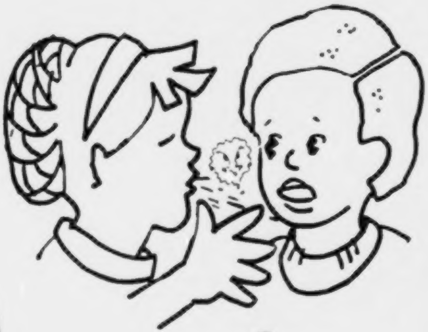

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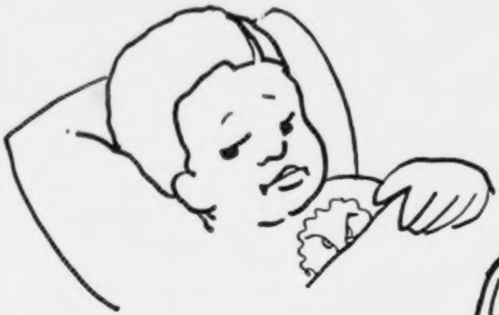

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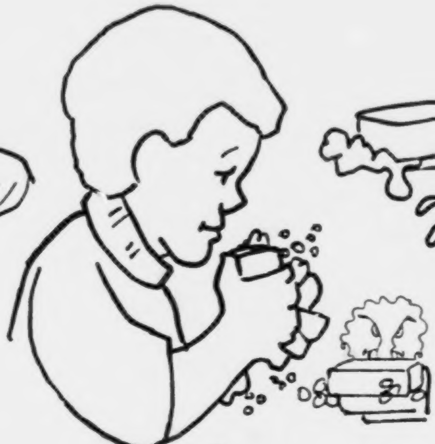

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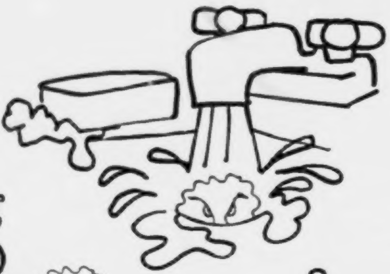

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Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify characteristics of a positive self-concept.

ACTIVITIES & STRATEGIES

Invite students to look in a mirror and find three things about their faces that are special; for example: brown eyes, long hair, pink cheeks, glasses, etc. Ask students to draw pictures of their faces (about the size of their hands). Stimulate students' imagination by providing supplies such as colored yarn, glitter, sequins, etc. for them to use to personalize their pictures. Ask them to cut out their pictures and sign their names on the back. Post all the pictures with a title on the bulletin board.

Ask students to identify each picture and choose what they think is special about that person.

Discuss individuality, family resemblance, and the fact that how a person looks and feels may not always be the same thing. A person may look outwardly calm but may be filled with anxiety. Also, point out that how a person looks may not always reflect what type of person he or she is. A person may have a fierce exterior (sharp nose, piercing eyes, etc.) and yet, in reality, be a gentle, giving, human being. Ask students to name a person often seen on television who would illustrate this idea.

RESOURCES & MATERIALS

Mirror

Colored yarn, glitter, sequins, buttons, arts and crafts

Book suggestion:
Discovering Self-Confidence by Patricia M. Kramer

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to identify positive traits of self and others.

Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Explain feelings when experimenting with new activities and explain consequences of the actions.

ACTIVITIES & STRATEGIES

Discuss choosing safe practices in everyday life.

Ask students:
- If you thought of what might happen before you try something new, would it make a difference in whether you would do it?
- If your friend fell off his bike while trying to pop a wheelie or ride down a steep driveway, would you try it anyway? If he said it was fun, would you do it even after he got hurt? Why?
- If you didn't want to do it because you were afraid and someone called you a baby, would you try it then? Why?

Discuss how thinking about the consequences first might influence our actions. Using an overhead projector or chalkboard, list the following situations. Write down answers as discussion progresses. What may happen if:
- you cross the street on a red light
- your teacher gives you an assignment, but instead of doing it, you draw your favorite picture or go outside to play
- you go to your friend's house after school without telling one of your parents

Play a game to review healthy practices. As the teacher tosses a tennis ball to a student, a question is asked concerning a safe, healthy practice. The student should catch the ball, answer the question, and toss the ball back to the teacher. (A time limit can be set on the student's return toss, and the students can be divided into teams.)

RESOURCES & MATERIALS

Overhead projector and transparency or chalkboard

Teacher Resource: sample questions for ball toss activity

Tennis ball, bean bag, or soft object

Book suggestion:
What Should I Do? Learning to Make Choices by Roxanne Brown Knuz and Judy Swenson, 1986

ESSENTIAL ELEMENT

Social studies. Social studies skills. The student shall be provided opportunities to identify cause and effect relationships in the classroom and school.

Questions to ask in the ball toss activity:

- What could happen if you lick a friend's ice cream cone?
- What could happen if you go down to the lake alone?
- What could happen if kids tease a dog?
- Why wear a seat belt?
- What could happen if you pick up a bloody tissue?
- What could happen if someone sneezes without covering his (her) mouth and nose?
- Why should you eat breakfast?
- What might happen if you play on a T-ball team?
- What might happen if you eat a new kind of food?
- What could happen if you are nice to the new boy (or girl) in class?
- What may happen if you stay up late watching television?
- What should you do if you are hungry for a snack?
- What may happen when you try a new game?
- What may happen if you forget to brush your teeth?
- What may happen if you are especially helpful at home?
- What could happen if you don't wash your hands before lunch?
- What may happen if you make a birthday card for your grandfather?
- What should you do if someone gets hurt on the playground?
- What should you do if you find a needle on the ground?

Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.A-3. Develop and use skills for coping with change, success, and failure.

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.

ASSESSMENT CRITERION

Identify problems and effective coping strategies.

ACTIVITIES & STRATEGIES

Discuss situations at school in which the students might need help.

Role play: How would you feel in these situations? What would you do if:
- you became ill and no one was around to help
- you forgot to bring your lunch to school
- an older student in an upper grade started bullying you
- you forgot your coat, and at recess time a cold wind was blowing
- you vomit in front of the class
- you do something that everyone in class thinks is dumb, and everyone laughs at you
- you didn't take a restroom break during recess and you wet your pants

(Add situations or adjust as needed for your students.)

Who can help us in these situations?
- teacher
- principal
- nurse
- counselor
- parent
- brother or sister

Ask the students to cut out pictures of health helpers from magazines, catalogs, and newspapers or use the Teacher Resource. Glue the helpers' pictures on the front of individual sacks. Ask the students to draw a picture illustrating a situation where they would ask a health helper for assistance. Have each student tell the class about the picture and place it in the appropriate health helper bag.

Option:
Send a note home to the parents asking them to describe a situation when they needed assistance from a health helper.

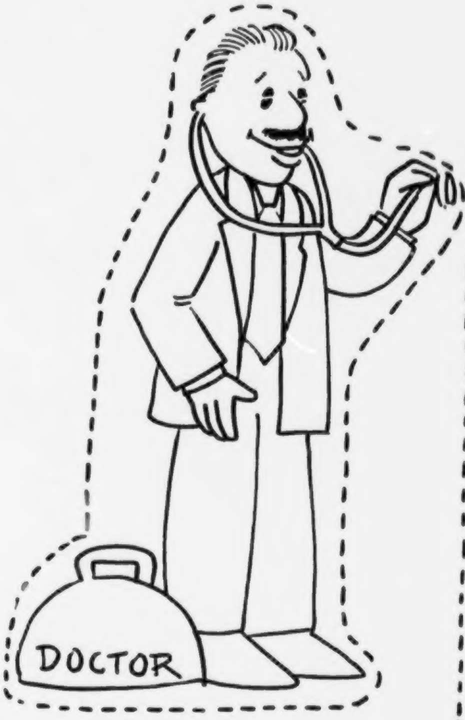
RESOURCES & MATERIALS

Magazines, catalogs, newspapers, scissors, glue, brown paper sack

Teacher Resource

ESSENTIAL ELEMENT

Social studies. The American economic system. The student shall be provided opportunities to identify the kinds of work that school personnel and family members do.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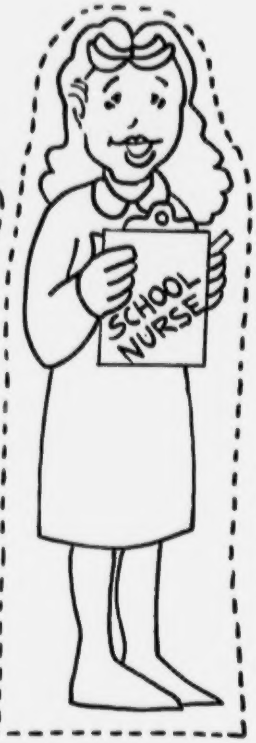
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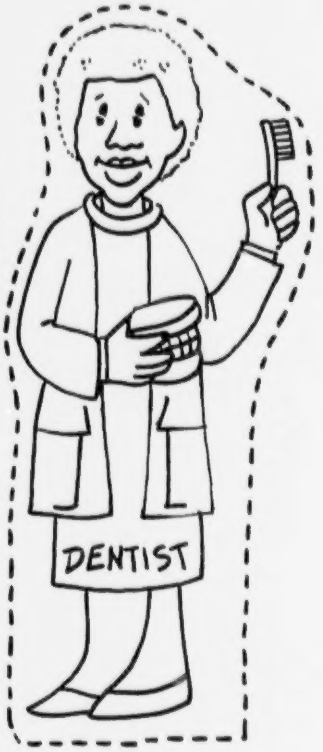
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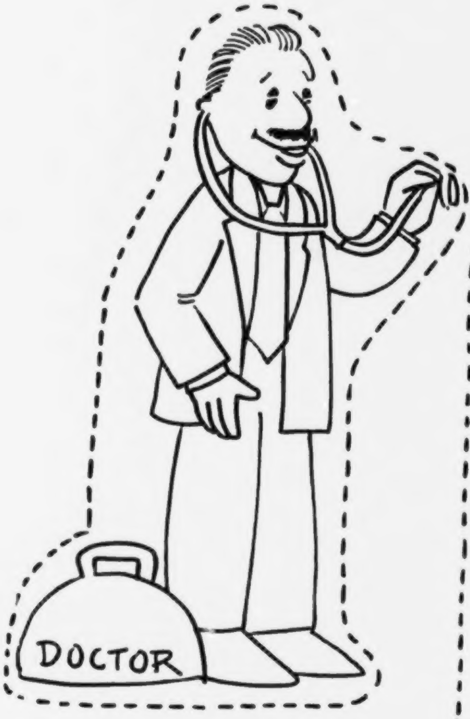
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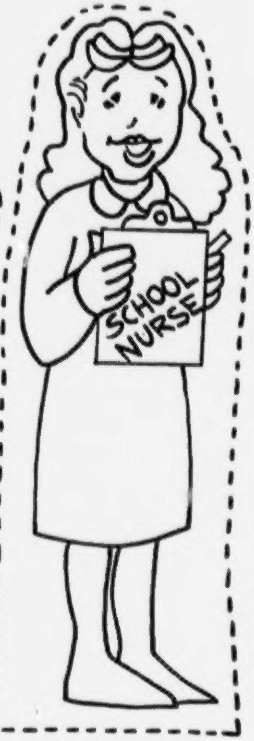
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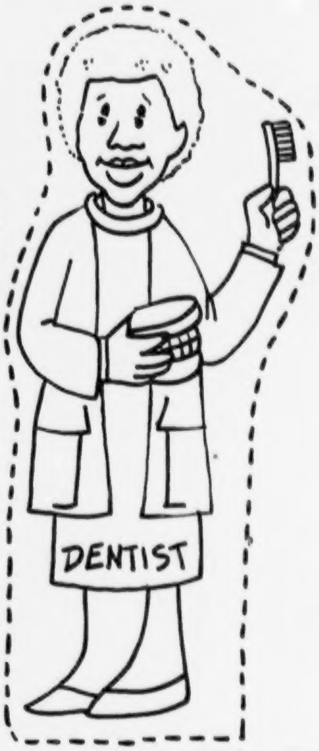
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Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-7. Identify healthy ways to encourage and demonstrate compassion for people with special needs.

ASSESSMENT CRITERION

Describe how family members show care and help one another during times of illness.

ACTIVITIES & STRATEGIES

Divide students into groups of three or four ask them to assume various family roles. Role-play situations in which family members show care and responsibility for one another.

Some of these behaviors might include:
- helping with chores
- playing with a sibling
- reading to a family member
- making a card or drawing a picture
- spending time together

Ask each group to share its role-play with the class. Ask each student to draw a picture of a family member caring for him or her when sick in bed. Ask the student to use thumb prints for the bodies of the characters in the picture. The student will then describe to the class what is happening in the picture . Make a bulletin board of the students' pictures.

RESOURCES & MATERIALS

Paper, pencils, crayons, ink pad

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to contribute to group activities.

Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-2. Demonstrate ways to help others who experience problems.

ASSESSMENT CRITERION

Identify and practice socially responsible behavior through communication skills.

ACTIVITIES & STRATEGIES

Ask each student to draw, color, and decorate a flower. Have a child perform an act of kindness for another student. For example:

- picking up a dropped pencil
- sharing something
- holding a door open

Let the first student then give a flower to the second student who will then perform an act of kindness for another student when a need is noticed, thus passing the flower along to him or her.

Have the students discuss feelings they experience when they are kind to others. Ask them how they feel when someone is kind to them?

Discuss how acts of kindness proliferate and affect others around them.

Have each student take home a cut-out flower and perform an act of kindness for someone there. Ask the students to explain the exercise to their families.

Have students report later on the results of performing acts of kindness for others.

RESOURCES & MATERIALS

Crayons, drawing paper, scissors, colored markers

Book suggestion:
Sharing by Susan Riley

ESSENTIAL ELEMENT

Social studies. Personal, social and civic responsibilities. The student shall be provided opportunities to identify and accept one's classroom responsibilities.

Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Demonstrate acts of kindness.

ACTIVITIES & STRATEGIES

Ask students to trace their hands on different colored sheets of construction paper. Explain that when a person helps another person, it will be referred to as a *helping hand*. When a student gives someone in the class a helping hand, he or she passes the paper hand to the other student. Each person who participates over the course of the day may write his or her name on the helping hand.

Talk about how easy it is to show kindness. Talk about ways to show kindness.

Cut out the paper hands and glue them on a circular form to create a class wreath. The wreath is most effective if the hands are of different colors. Display the wreath in the classroom with the title, "Our Helping Hands."

Option:
Students may be paired to assist each other with hand tracing.

RESOURCES & MATERIALS

Different colored construction paper

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to contribute to group activities.

Social Studies Grade 1

1

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Recognize that people have different opinions.

ACTIVITIES & STRATEGIES

Read the poem to the class. Explain that mozzarella and Brie are kinds of cheese.

Ask the students:
- Was Molly or her sister correct?
- Do you know people who disagree over small things?
- Name one person you feel good about and one thing that person does or says that you may not agree with.
- How does this affect your friendship?
- Is being different wrong?

Role playing: Students act out the scene of the two sisters disagreeing about the cheese. Children can create their own variations—i.e., strawberry versus vanilla ice cream, pizza versus hamburger.

RESOURCES & MATERIALS

Poem:
Molly, my sister, and I fell out,
And what do you think it was about?
She loved mozzarella and I loved Brie;
And that was the reason we couldn't agree.

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to identify positive traits of self and others.

NOTES

NOTES

Education
for
Self-Responsibility III:

PREVENTION OF HIV/AIDS

Sample Lessons

GRADE 2

Texas Education Agency

ESR III

Fine Arts **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.C-1. Identify people including family members who can help with information on diseases.

ASSESSMENT CRITERION

Practice techniques for showing concern and compassion for the sick.

ACTIVITIES & STRATEGIES

Ask the students to make a list of all the things they feel when they are sick. Make suggestions of ideas of what we could do for someone who is feeling sick (make a card, call them, visit).
Ask students to make a card for someone who is sick.

Have students draw a picture of what makes them happy when they are sick. Ask them to help you with a list of how careful we should be around someone who is sick. For example:

- With a person who has bandages, be careful not to touch the bandages or bump into the sore areas of their bodies.
- With a person in a wheelchair, be careful not to push them too fast. Have a grown-up help when pushing the wheelchair up or down a hill.

Ask for volunteers to relate any personal experiences of being around someone who is ill. Remind them that we don't have to worry about catching the sickness that a person in a wheelchair might have just because we take him or her for a walk.

Talk about hospital etiquette rules. Ask if anyone has visited someone in the hospital. Read out loud the book, *Some Busy Hospital* by Seymour Reit.

Option:
Create "Any Day Bundles" for someone who is sick.
Directions: Place one cardboard tube near the edge of one piece of tissue paper. Roll paper up around the tube. Tape the tissue paper to keep it rolled around the tube. Tie one end of the tissue paper with ribbon. Fill the open end of the cardboard tube with candy or another goody. Tie the open end of the tissue paper with ribbon. With adult help, curl the ribbon with scissors or tie the yarn in a bow.

RESOURCES & MATERIALS

Construction paper, scissors, crayons, paper, chalkboard

Book suggestion:
Some Busy Hospital by Seymour Reit

4 1/2 inch cardboard tubes, tissue paper cut into 10 x 13 inch pieces, tape, ribbon or yarn, candy, popcorn, or small toys, scissors

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ESSENTIAL ELEMENT

Fine arts. Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media, including drawing, painting, printmaking, and constructing and modeling three-dimensional forms.

Fine Arts **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III. C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify feelings common to second graders.

ACTIVITIES & STRATEGIES

Introduce a feelings lesson. Ask students to bring in pictures and words illustrating various feelings. These items can be arranged into a collage on a bulletin board. Poems or stories can be read out loud at the end of the week.

Explain that they will have an opportunity to practice expressing feelings. Give the students the following instructions:

Draw two eyes and a nose on a sheet of construction paper. Remember to leave room at the bottom of the paper for the mouth. Cut two vertical slits (up-and-down cuts) into the construction paper just below the nose. Make the slits about three inches apart and about four inches long. Slide the strip of construction paper into the slits.

Draw a mouth on the strip of construction paper. Slide the strip until the first mouth is hidden. Draw another mouth. Slide the strip again and draw a third mouth. Now move the strip of paper back and forth to make three faces.

Option:
If the lesson is taught near a special season, the project can be oriented to the season. Example: fall leaves for a tree, pumpkin on a fence, tall feathers for a turkey, petals on spring flowers, etc. can each provide space for a word naming a feeling. Ask each student to explain a situation they can remember that relates to each face illustrated.

RESOURCES & MATERIALS

Crayons or markers, construction paper, scissors, one 3 1/2 x 12 inch strip of construction paper

Teacher Tip

Children may have feelings of fear associated with illness and death. These fears may be initiated by real experiences but usually by television—i.e., AIDS stories. Assure children that AIDS is not common among children. Knowledge at the appropriate level can reduce or eliminate unwarranted fears.

ESSENTIAL ELEMENT

Fine arts. Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media, including drawing, printing, printmaking, and constructing and modeling three-dimensional forms.

Health **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Identify characteristics that create personal uniqueness and uniqueness in others.

ACTIVITIES & STRATEGIES

Discuss the concept of individual strengths, abilities, and qualities. Begin by explaining that each person sees himself or herself as successful in certain areas of life.

Divide the class into groups of four or five students. Tell the groups to choose a recorder and reporter.

To demonstrate comparisons, have the students compare each of the following:
- two colors
- two pieces of fruit
- two flavors of ice cream
- two favorite movies

Example: Compare apples and oranges.
- Have the students explain how the apples and oranges are the same.
- Have the students explain how they are different.
- By a show of hands, have students vote for their preferred fruit.
- Help the students to recognize that each fruit was voted for because it was either an apple or an orange. Each is unique, with its own desirable characteristics and its own limitations.

Conclude with asking individual students to write two ways in which they are different than most classmates and two ways in which they are the same.

Option:
Have students draw pictures of the two differences and the two similarities.

RESOURCES & MATERIALS

Two pieces of fruit, two colors, objects of different colors

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Given a list of physical attributes, the student will select at least three that describe him or her.

ACTIVITIES & STRATEGIES

People are able to understand and appreciate others when they know themselves. Having information about themselves also helps them feel good about who they are. This activity will help students learn about their physical selves.

- Play the game "Scramble." Tell students: "To play, you must think about yourself and listen carefully." This activity can be practiced for several days.

- Say: "The teacher will name a physical characteristic such as red hair and then give a command. If the characteristic fits you, obey the command. If it does not fit, remain still." "Let's practice." For example:
  - red hair — clap hands!
  - freckles — stand on one foot
  - short — clap hands
  - long hair — arms extended!
  - tall — touch nose!
  - blond — jump up!
  - blue eyes — sit down!

Praise efforts as children follow directions.

Option:
Sometimes say, "Scramble." On that command, everyone will change seats as quickly as possible.

Simpler option:
Have students sit in a circle; have those with the characteristic named stand.

RESOURCES & MATERIALS

Book suggstion:
Every Kid's Guide to Being Special by Joy Wilt Berry

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify practices that promote self-concept.

LESSON OBJECTIVE

III. B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Realize personal uniqueness.

ACTIVITIES & STRATEGIES

Discuss with the students:

- How are we the same?
- How are we different?
- How should we treat people who are different from us?

Pass out the worksheet, "My Rainbow." Ask the students to glue colored tissue paper (or color with crayons) by the corresponding letters on the stripes of the rainbow as follows:

A. the color of your hair
B. your favorite color
C. pets at home:
  red for a cat
  green for a dog
  orange for hamsters or gerbils
  brown for fish
  yellow for any other kind of pet
  blue if you have no pets
D. the color of your eyes
E. your gender:
  orange for male (boy)
  purple for female (girl)
F. the number of people in your home including you:
  purple for two
  black for three
  brown for four
  yellow for five
  red for six or more
G. how you are feeling today:
  yellow for sad
  red for just fine
  purple for upset
  green for happy
  blue for other
H. your eyesight:
  orange for glasses
  yellow for no glasses

Post all the students' rainbows on the bulletin board and discuss becoming more aware of personal uniqueness and more appreciative of others. Make concluding remarks concerning the comparison of each student's uniqueness.

RESOURCES & MATERIALS

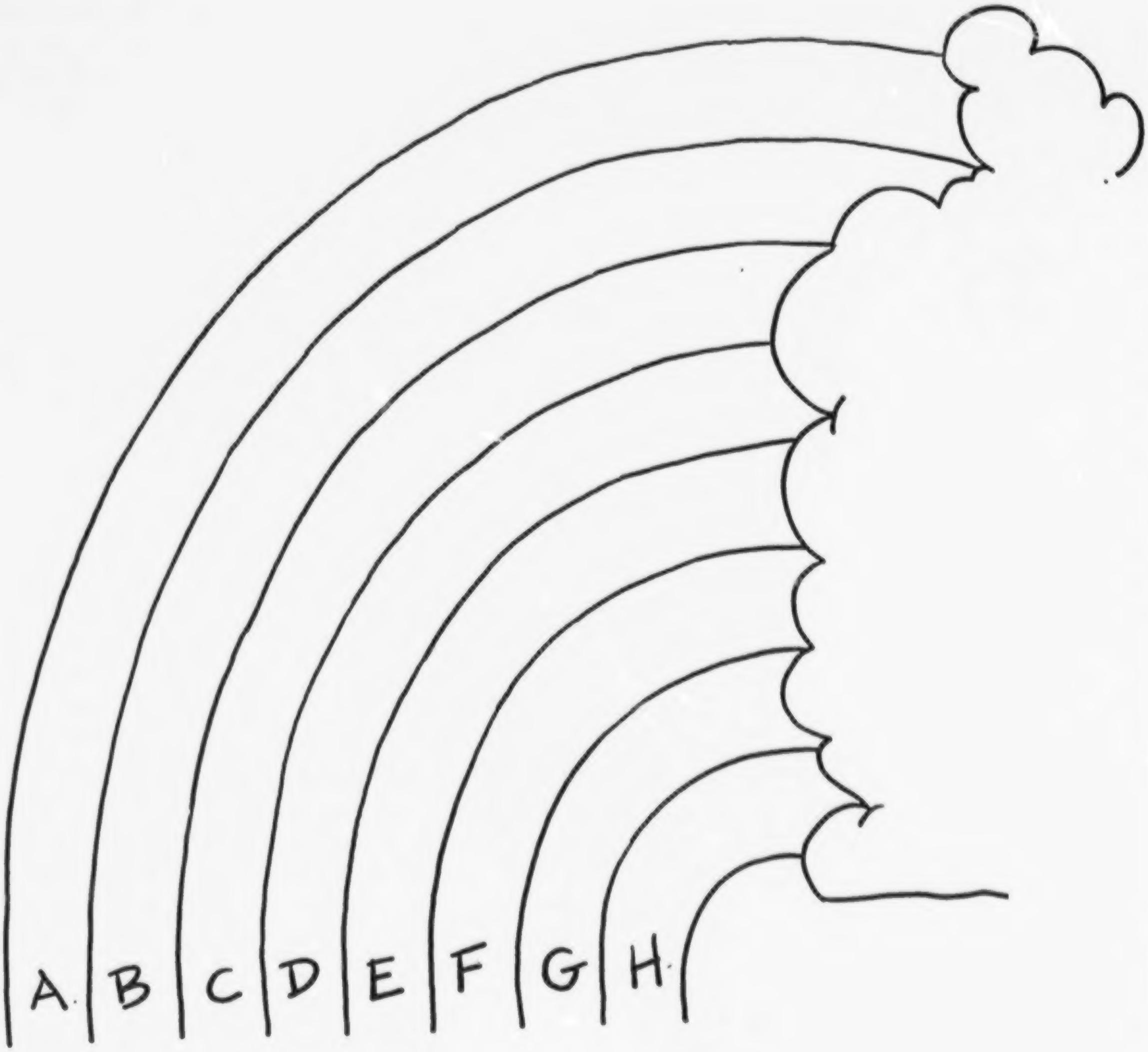
Worksheet: "My Rainbow"

Colored tissue paper or crayons, glue

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

NAME________________________________ DATE____________________



Health **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Illustrate constructive strategies of dealing with feelings.

ACTIVITIES & STRATEGIES

On a bulletin board near the door, display a mirror and the question, "Did You Remember Your Smile Today?" Explain that the mirror will be kept in the room for everyone's use. In the mornings, students may check to see if they brought their smiles to school or to see if they look grumpy.

Display the Grubby Bag. Explain that the Grubby Bag is one way to handle feelings. Explain and demonstrate its use:

- When you come to school in the morning, write down your sad, angry, unhappy feelings on a piece of paper. Tell why you feel this way. (The Grubby Bag also may be used during the day.)
- Fold the piece of paper and place it in Grubby Bag to get rid of it. (No one else will read it.)

Introduce the Happy Bag and explain that students can use it to identify happy or pleasant feelings and nice things that they've seen someone else do. Periodically, these can be shared at the end of the day.

Post a decorated envelope for each student in the classroom. Allow students to draw happy faces or happy pictures and place them in the envelopes. Each student may silently review the contents of his or her envelope.

RESOURCES & MATERIALS

Mirror, letters, bulletin board
Teacher Resource: "Did You Remember Your Smile Today?"

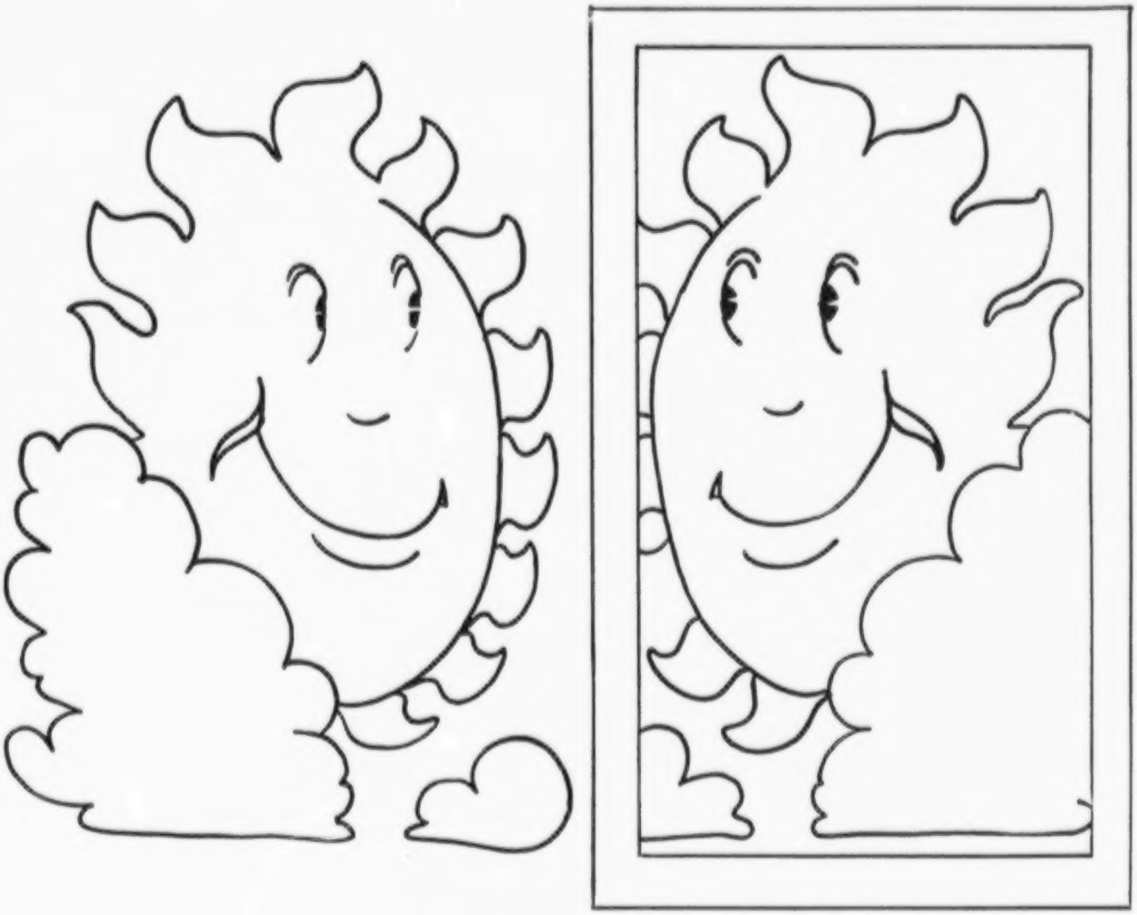
Grubby Bag and Happy Bag (teacher made):
large decorated paper bags, envelope for each student, and supplies for students to decorate their envelopes

Book suggestions:
Let's Talk About Complaining by Joy Wilt Berry
Discovering Happiness by Dennis Wholey

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

Did You Remember Your Smile Today?



LESSON OBJECTIVES

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.

III.C-2. Demonstrate ways to help others who experience problems.

ASSESSMENT CRITERION

Identify qualities, characteristics, physical attributes, and attitudes that make each individual special.

ACTIVITIES & STRATEGIES

Discuss what it means to be healthy and to have a positive self-concept. When people have positive self-concepts, they feel good about themselves. Relate to the students that it is okay to be different from others.

Ask students to fold a sheet of drawing paper in half. Then ask them to do the following:

- Think of a very, very tall tree. It has huge branches with many green leaves. Now pretend you are a giraffe. Draw a picture showing how the tree looks to you.
- Pretend you are an ant. Draw a picture showing how the tree looks now.

Initiate a discussion on individual uniqueness by asking these questions:

- Is everyone the same size? Will the children who are short always be short? Will those who are tall always be tallest?
- What are some good things about being smaller?
- If you are small, what are some things a taller friend can do for you?
- What are some good things about being taller?
- If you are tall, what are some things a smaller friend can do for you?

Ask students to talk to parents or grandparents about the size they were when they were eight or nine years old. Ask students to share their art work with these relatives.

RESOURCES & MATERIALS

Crayons, drawing paper

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture and exercise; nutritional health; and self-concept.

Health **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behavior and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify characteristics that make personal uniqueness and the uniqueness of others.

ACTIVITIES & STRATEGIES

Before class, the teacher will cut out six "Do-Well" eggs for each student. Give six colored eggs to each student. Ask the students to write one personal strength on each egg. Next, group the students into pairs and ask them to share their choices with their partners.

As they share with their partners, each student can glue the "Do-Well" egg on the egg carton. After all the statements have been shared, the egg cartons can be posted on a bulletin board with the title, "A HALF DOZEN DO-WELLS."

Direct each child to write a list of things he or she does well such as:

- run
- wish
- listen
- ride a bike
- sing
- try
- walk
- feel

Optional activity:
Without the class knowing the author's name, ask a volunteer to read the six statements to the class. Ask the class to guess which student the "DO-WELLS" belongs to.

RESOURCES & MATERIALS

Colored construction paper, markers, egg cartons, scissors, glue

Teacher Resource

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

DO-WELLS

I DO

WELL AND I AM
PLEASED WITH
MYSELF

I DO

WELL AND I AM
PLEASED WITH
MYSELF

I DO

WELL AND I AM
PLEASED WITH
MYSELF

I DO

WELL AND I AM
PLEASED WITH
MYSELF

I DO

WELL AND I AM
PLEASED WITH
MYSELF

I DO

WELL AND I AM
PLEASED WITH
MYSELF

Health **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-1. Recognize methods of preventing, treating, and controlling some communicable diseases.

ASSESSMENT CRITERION

Identify and practice healthy behaviors that reduce the chance of becoming sick.

ACTIVITIES & STRATEGIES

Sprinkle glitter on the hands of every student. (Caution them not to touch their eyes or mouth.) Allow students to continue their usual routines for about 15 minutes.

Ask students to look and see where their hands carried glitter around the room. Tell them this is one way germs are spread. Discuss some of the other ways germs are spread.

- Germs are spread through coughing, sneezing, water, food, animals, insects.
- When one sneezes, tiny droplets are spread into the air.

Illustrate what happens when people sneeze or cough. To demonstrate the spread of droplets by sneezing or coughing, give each child a piece of white paper. Use a spray bottle to spray colored water onto each student's paper. Have students draw a circle around the spray area.

Use the worksheet, "How Germs Are Spread," to explain that coughing and sneezing are two ways germs get out of the body. Say: "Coughing and sneezing spread germs. It is important to cover the mouth and nose when coughing and sneezing so germs can't spread. Germs can spread from one person to another when we touch hands. When your hand touches your mouth, the germs get inside your body. If you do not wash your hands after using the bathroom, you might leave germs on your hands. If you do not wash your hands before you eat, germs may get on your food and then in your mouth."

Continue: "A person leaves the germs on the things they touch, just like you spread the glitter. When another person comes by and touches what you've touched, they get the germs on their skin."

Review ways germs can get from the skin to inside the body if these concepts have been introduced previously.

RESOURCES & MATERIALS

Glitter

Spray bottle with colored water, white paper, crayons

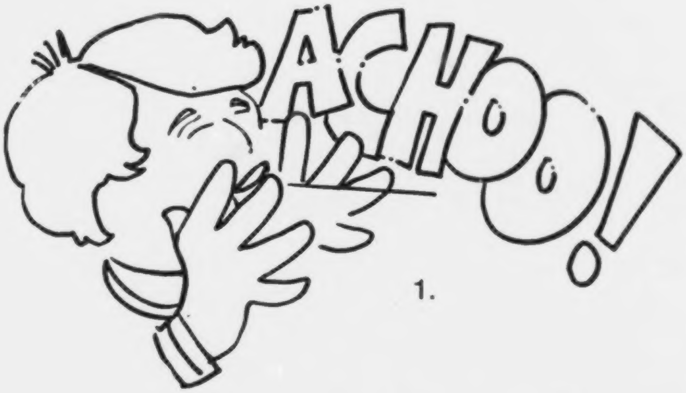
Worksheet: "How Germs Are Spread"

ESSENTIAL ELEMENT

Health. Concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize the causes of communicable diseases.

NAME______________________________ DATE____________________

How Germs Are Spread



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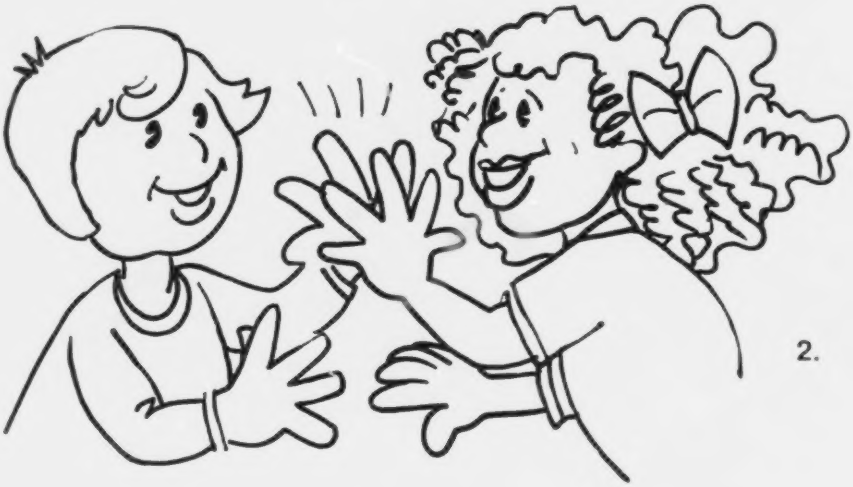

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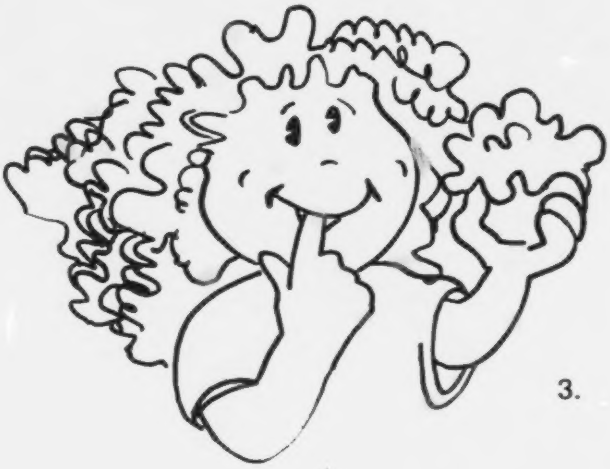

3.

LESSON OBJECTIVE

III.A-1. Access factual information on some communicable diseases.

ASSESSMENT CRITERION

Respond correctly to elementary questions about HIV/AIDS.

ACTIVITIES & STRATEGIES

Ask students if they have heard about AIDS. What have they heard? (Write down responses in order to address each one to clarify or correct misinformation. Also, include the name of the student who made comment.)

Tell students: "AIDS is a disease that is causing some adults to become very sick. It is not a disease that is common among children. AIDS is caused by a virus called HIV. The virus gets into certain body cells and keeps these cells from doing their jobs. The virus is carried through blood and other body fluids. A few babies have gotten the virus because their mothers had it. And a few young people got the virus because of blood transfusions. Now blood transfusions in our country are safer; Americans seldom get the virus through blood transfusions anymore."

People do not contract AIDS by just being friends with a person with AIDS. AIDS is not spread through touching, hugging, talking, sneezing, eating lunch together, etc.

Go back to the list of what students have heard about AIDS, discuss each comment, and correct misinformation. Ask the contributor of a comment if he or she understands the correction—if a correction was necessary.

RESOURCES & MATERIALS

Book suggestion:
Learning About AIDS by Alvin Silverstein

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases.

Health Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Discuss and identify the effects of lack of sleep on the body.

ACTIVITIES & STRATEGIES

Lead a discussion on the need for sleep.

"Sleep gives the brain and muscles the rest they need so that you can think and grow. Muscles take food from your blood and turn it into energy, so you can play all day. But your muscles get tired from playing. And your brain gets tired from thinking. A nap or a good night's sleep lets all these important parts of your body rest so that you have the energy to think and play again."

Give each student a paper plate and a brad. Have students make a clock face on the plate, using construction paper to make two arrows, one red, one blue. Have them set one arrow on their bedtime and the other on their wake-up time. Then help the students calculate the number of hours they usually sleep in a night.

Also, help them calculate the number of hours their parents sleep and the number of hours their siblings sleep.

Ask students to name some of the personal effects of lack of sleep. List these on the chalkboard or overhead transparency.

RESOURCES & MATERIALS

Paper plates, construction paper, scissors, glue, brads

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote habits of rest, sleep, posture, and exercise.

LESSON OBJECTIVES

III.A-4. Avoid/minimize behaviors that may lead to disease, illness, and injury.
III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Differentiate between legitimate drug use for medical reasons and drug misuse or abuse.

ACTIVITIES & STRATEGIES

Ask students to define *drug*, write the word on the chalkboard. (Drug: a substance other than food that is intended to change the structure or function of the body.)

Ask: "What are some drugs that are medicines your doctor or your mom or dad might give you when you're sick? What should you remember about these medicines?" (Take only what your parent gives you; take only what is prescribed.)

Ask: "What are some drugs that are illegal or against the law for people to use? Why are these illegal?"

Ask: " What are some substances people may use that really are very harmful?" (cigarettes, beer, marijuana, inhalants, etc.) "How are these harmful?" (They are bad for health and for body; they cause drowsiness, confusion euphoria, jumpiness, loss of control, etc.; they have actually caused the death of some children, etc.) Emphasize no-use— "just say no"— for these gateway substances. Help young people avoid a critical first-time use.

Stress the importance of only using drugs that are medicines prescribed by a doctor and/or doses of these medicines given by a parent or grandparent.

Provide students with old magazines. Ask that each find two pictures: one of a harmful substance that should never be used and one of a medicine that could be prescribed and must be used only as administered by a parent, grandparent, or school nurse. Prepare two bulletin board sections with proper headings for the display of clippings.

RESOURCES & MATERIALS

Chalkboard

Book suggestion:
Super Me: Super You, National Coordinating Council on Drug Education. Text by Betty Miles; Spanish text by Charito Kruvant

Magazines

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs.

Mathematics **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-7. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify qualities, characteristics, physical attributes, and attitudes that make each individual special.

ACTIVITIES & STRATEGIES

Cut five-foot lengths of string for each child to make "My String." Have the children work in pairs and cut the string to the length that shows each child's height. Identify each string by writing the name of the child on a piece of masking tape and attaching it to the string. Then have the children help you attach the strings to the chalkboard and have the children discuss the variation in height among their classmates.

Ask students why some children are taller than others. Will the tallest always be the tallest? The shorter ones always be shortest?

Option:
- Have students write their height in inches on the reverse side of the masking tape.
- Have students measure the length of a foot and the circumference of the waist, neck, head, and wrist.

RESOURCES & MATERIALS

String, scissors, masking tape

Measuring tape

ESSENTIAL ELEMENT

Measurement. Concepts and skills using metric and customary units through the use of concrete models. The student shall be provided opportunities to estimate and measure the length, width, and height of objects.

Mathematics **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-1. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

List effects of lack of sleep on the body.

ACTIVITIES & STRATEGIES

Write open-ended sentences on an overhead transparency. Have the students complete the sentences in writing.

Ask the following questions to lead the discussion.
- What things have you noticed about people who haven't had enough sleep?
- Are there times when being too tired can be unsafe?
- Do you like to be around people who haven't had enough sleep? Explain.
- What are some reasons people may not get enough sleep?

Pass out the worksheet, "Sleepy Suzy." Ask the students to answer the questions. Discuss and/or correct answers.

RESOURCES & MATERIALS

Overhead projector, transparencies
Open-ended sentences:
- When I am tired I...
- When my brother or sister is tired...
- When I have enough rest, I feel...
- When I sit too long in a chair, I feel...
- When my dog or cat is tired, he or she feels...

Worksheet: "Sleepy Suzy"

ESSENTIAL ELEMENT

Measurement concepts and skills using metric and customary units. The student shall be provided opportunities to use measurement of time.

NAME______________________________ DATE____________________

Sleepy Suzy

Suzy is eight years old.* She stayed up last night to watch a movie on television. She went to bed at 11:00 and had to get up at 7:00 to go to school.

1. How many hours of sleep did Suzy get? (Use clock to figure this out.)

__________ hours

2. Did she get enough sleep? ______________________________

3. What will Suzy be like at school today?

____

____

____

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* Children of this age require about 10 hours of sleep.

Science **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Identify differences and recognize similarities within a group.

ACTIVITIES & STRATEGIES

Discuss self-esteem. Explain to the students that self-esteem can be defined as how one feels about oneself. Positive self-esteem is important to wellness.

Ask a pair of students to write the months of the year on the chalkboard. Call out the months and ask students with birthdays that month to stand. Put the correct numeral with each month after tabulating with marks the students' birth months.

As a class, using the birthday data, make a graph on posterboard or butcher paper. Discuss how the graph reflects the birthday data. Post the graph in the classroom.

Option:
Tell students to ask family members for their birthdate months. Help students make family graphs or make one class graph after tabulating all family birth months.

RESOURCES & MATERIALS

Markers, poster board or butcher paper

Book suggestion:
Self-Esteem by Alicia Thomas

ESSENTIAL ELEMENT

Science. Communicate data and information in appropriate oral or written form. The student shall be provided opportunities to record data and interpret the arrangement of data on picture graphs, bar graphs, and maps.

LESSON OBJECTIVES

I.B-8. Describe symptoms of some communicable diseases.
I.C-1. Identify persons including family members who can help with information on diseases.

ASSESSMENT CRITERION

List or verbalize symptoms of childhood diseases.

Science **Grade 2**

2

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask: "What makes us think we are becoming sick?" List the responses on the chalkboard or on an overhead transparency.

Write *symptom* on the board. Ask students for their definition. Define *symptom* as a sign or evidence that something is wrong with the body. "What are some symptoms of disease or illness?"

Ask: "Do we always know what the symptom or symptoms mean? Do we know if we are contagious? Whom do we ask?"

Organize the class to access information on symptoms from the school nurse. In a class discussion, formulate questions for the nurse. Assign recorders to write questions, students to give questions to the nurse for her preview, students to interview the nurse and record her answers on a later day, and designers of visual ways to share information. The whole class may want to make hall posters to show ways to avoid communicable diseases.

Option:
Ask the school nurse or a parent (who is nurse or physician) to respond to questions in the classroom.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

If a student in the class has an obvious chronic and/or congenital condition, include the condition in the study to allay fears and concerns that the condition is communicable. Consider having the student (and his or her parent) make a presentation to the class.

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcome of actions based on experience or data.

BEST COPY AVAILABLE

LESSON OBJECTIVES

I.B-4. Describe methods of transmission of some communicable diseases.
III.D-1. Share correct information with peers and family.

ASSESSMENT CRITERION

List causes and characteristics of communicable and noncommunicable diseases.

Science **Grade 2**

2

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Discuss the concept of a chain; a chain grows as one link comes in contact with another. Disease is spread as people with a communicable disease spread their germs by sneezing, coughing, sharing food, etc.

Organize a group activity that illustrates the chain concept. Give each student five paper chain links. Through group discussion, generate a list of unhealthy behaviors —i.e., coughing/sneezing without covering the mouth/nose, not disposing of tissues properly, using another person's comb, eating fruit without washing it, taking a bite of someone else's sandwich, not washing hands before lunch.

Also, make a list of healthy behaviors that help prevent the spread of germs.

Ask one student to be the chain starter. Individual students will contribute a new link each; as they contribute they will tell what unhealthy behaviors their links represent. After the chain has been constructed, have students suggest healthy behaviors that would break the chain. *The chain is broken when healthy behaviors prevent the spread of germs.*

Option:
Give the students copies of the worksheet, "The Disease Chain." Ask them to cut out pictures that illustrate unhealthy behaviors and paste them on the links of the Disease Chain. Also, cut out pictures of healthy behaviors that will break the chain.

RESOURCES & MATERIALS

Construction paper cut into strips, glue, marker

Teacher Tip

If AIDS is mentioned by a student in conjunction with these activities, make clear that AIDS is *not* spread by these behaviors. AIDS is spread by blood-to-blood contact and by the sharing of certain body fluids. HIV/AIDS is not spread by casual contact.

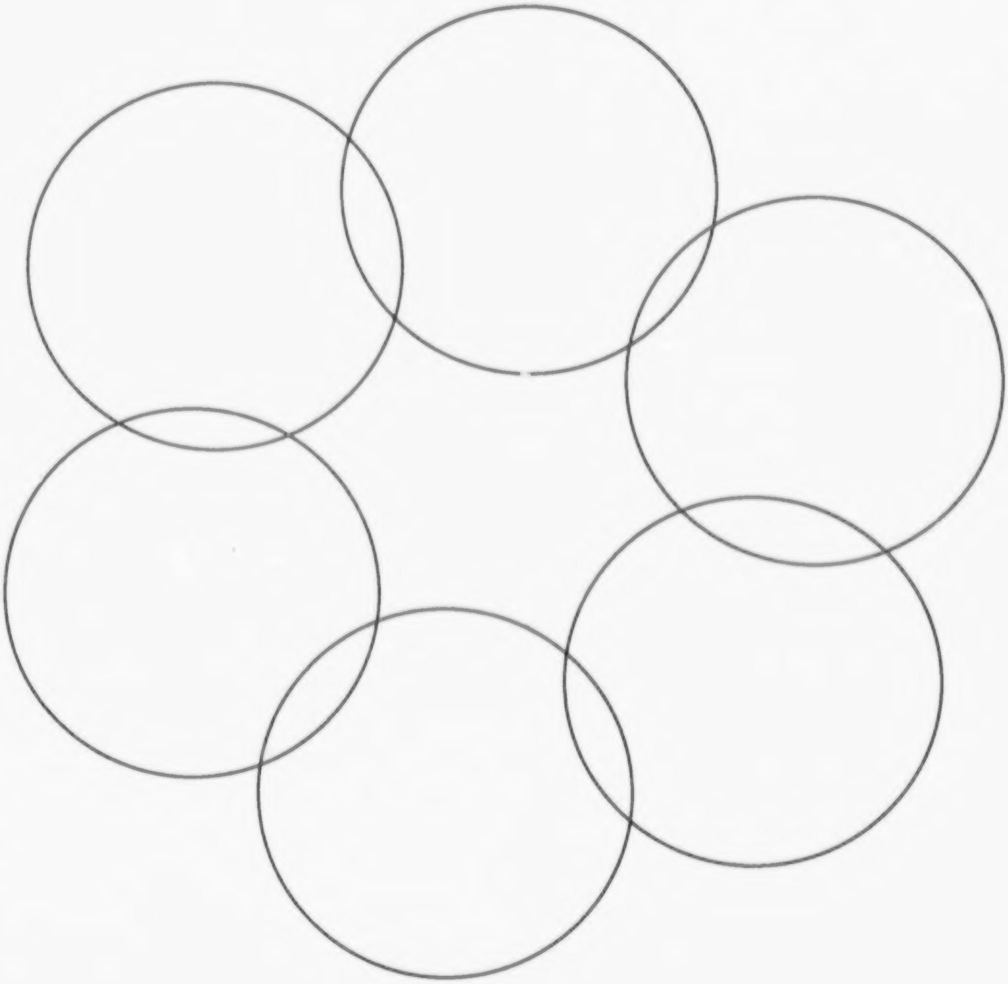
Optional worksheet: "The Disease Chain"

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

NAME____ DATE__________________________

The Disease Chain



Science **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-3. Identify differences between some communicable and noncommunicable diseases.

ASSESSMENT CRITERION

Identify different kinds of germs and name some of the sicknesses caused by germs.

ACTIVITIES & STRATEGIES

Lead a discussion on "What are germs?" (Small living cells that can only be seen under a microscope.)

Many germs help certain parts of our bodies to work properly. Some kinds of germs are important ingredients in some foods we eat. Certain kinds of germs will make us sick.

What are the different kinds of germs?
- bacteria—strep throat, pink eye, food poisoning
- virus—(even smaller than bacteria) colds, flu, measles, mumps, chicken pox
- fungus—athlete's foot or ringworm

Germs do not cause some kinds of sickness such as noncommunicable diseases like:
- diabetes
- allergies
- heart disease
- asthma

Have the students pass a peeled potato around the room. Explain to the students that it starts out clean and white, but it will be very dirty after everyone's hands have touched it. Students will see how easy it is to pass germs with unclean hands.

Read *Germs Make Me Sick!* by Melvin Berger. It explains about germs, the passing of germs, some childhood sicknesses, and healthy habits.

RESOURCES & MATERIALS

A peeled potato

Book suggestion:
Germs Make Me Sick! by Melvin Berger

ESSENTIAL ELEMENT

Science. Acquire data through the senses. The student shall be provided opportunities to observe phenomena resulting from life, earth, and physical science activities.

Science Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-2. Recognize the risk of contracting communicable diseases in some behaviors and situations.

ASSESSMENT CRITERION

Demonstrate appropriate actions in emergency situations involving blood.

ACTIVITIES & STRATEGIES

Ask students to tell what they think an emergency is. (Answers will vary.)

Have students list at least one person they could get help from in each of the following places: at school, at home, in their neighborhood.

Ask the class if anyone can explain what to do if you have a small cut or bloody nose. Explain and demonstrate the procedure for caring for your own small cuts and bloody noses. Tell them the nurse usually wears gloves when she is in contact with blood.

Cuts:	Tell a trusted adult (teacher, secretary, principal, counselor, custodian, etc.). Clean the cut with soap and water. Dry the cut. Put a bandage on it.
Bloody nose:	Apply direct pressure by pressing toward the middle of the nose. Use a tissue to catch blood spills. Dispose of bloody tissue. Tell a trusted adult.

Make sure students know who at school could help them with minor injuries like cuts, scrapes, and bloody noses.

Have students role play some of the following situations that would require emergency assistance.

- Little brother or sister cuts his or her hand while playing outside.
- You have a bloody nose.
- You become sick in class.

Make sure students understand people can carry germs in their blood and they should avoid contact with other people's blood. Ask what they should do (or ask some adult to do for them) if they come in contact with another person's blood. (See Teacher Resource.)

RESOURCES & MATERIALS

List of role-play situations
Tissue, gauze, first-aid kit with gloves

Option:
Students share with their families what they learned in today's lesson.

Teacher Resource

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Precautions for Giving First Aid

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from a trusted adult before giving first aid.

Precautions for persons giving first aid include the following:
- Use a first aid kit that includes a pair of plastic or rubber gloves.

- Put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay in putting on the gloves.

- After giving first aid, place all disposable items contaminated with blood in a plastic bag, then tie the bag and put it in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands.

- Launder or dry clean any clothes contaminated with blood.

- Using soap and water, clean up any blood spilled on the floor, desks or other surfaces. Then disinfect the surfaces and allow them to air dry. Household bleach (one part bleach to nine parts water mixed daily) or rubbing alcohol may be used.

Bloody Nose

Place the student in a sitting position with the head forward.

Encourage the student to apply pressure by pressing the bleeding nostril toward the middle of the nose. If the student is unable to help himself or herself and needs assistance, the caregiver should apply gloves before coming into skin contact with blood.
When the nosebleed stops, wash gloved hands to remove gross amounts of blood.

Clean up the student, washing all blood off the skin with soap and water.
Clean up minor blood spills on all surfaces. For major blood spills, contact the school custodian.
Remove gloves. Discard.
Wash hands with soap and water.

Student Assisting Student

If one student assists another student who is bleeding and comes in contact with that student's blood, the helping student should immediately wash his or her soiled skin with soap and running water. If the helping student has blood from another student on his or her clothing, every attempt should be made to obtain clean clothing for this student.

Students should be encouraged to show care and concern for others but should be cautioned against coming into contact with body fluids of an injured person. Instruct them to seek adult assistance, if possible.

Science Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.
III.C-4. Develop and practice effective communication skills.

ASSESSMENT CRITERION

Differentiate between safe and unsafe use of needles; communicate correct information via posters.

ACTIVITIES & STRATEGIES

Ask the class if they recall having an inoculation at the clinic or doctor's office. Define *inoculation*. Ask if any of them have received a blood transfusion that used a similar needle. And, do they know of anyone who has given blood that used a similar needle. Emphasize the safety of these procedures because the syringes/needles used are always new.

Ask the students if they know other ways people may be punctured with needles. Listen carefully to the knowledge level of the students; some answers they may include are needles used for drugs, tattoos, pierced ears, and home medication. Help students understand that not-seen-by-the-eye germs can be on these syringes if these syringes have been used.

Say: "People can become sick with certain diseases if needles have been used before and have not been cleaned properly. Germs can live in blood and can live on these needles. Some people have become sick from these needles."

Review what is safe use of needles and risky, potentially unsafe use of needles.

Ask students to make posters depicting safe and unsafe procedures using needles. With each individual student, check and review the concepts depicted in the posters. Post drawing in hallways and/or ask students to share posters with their families.

RESOURCES & MATERIALS

Teacher Tip

There may be students in your class that are receiving regular injections due to conditions such as diabetes and allergies.

Keep in mind these points:

- **Students are under direct care.**
- **Students and/or parents have been taught proper needle care.**

Poster board, markers

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcome of actions based on experience or data.

Science **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-1. Recognize some communicable diseases.
I.A-2. Name some communicable and noncommunicable diseases.

ASSESSMENT CRITERION

Name a minimum of three communicable diseases and three noncommunicable diseases. Tell how children contract each.

ACTIVITIES & STRATEGIES

On the chalkboard, write the words *Communicable Diseases* and *Noncommunicable Diseases.* Ask students for their definitions. Include the simple concepts that communicable diseases are passed from one person to another in a variety of ways and that noncommunicable diseases are some that start within the person (genetically or functionally).

Ask students for diseases to placed in one category or the other. You may want to add some, however, keep each list at a maximum of five. Some appropriate diseases would be: communicable—cold, flu, chicken pox, measles, pink eye; noncommunicable—allergy, asthma, kidney disease, epilepsy, cancer. Look at each disease and tell how it is contracted in the simplest way possible. This will help reinforce that the noncommunicable ones cannot be caught from a person.

Ask students to make slips for an activity. Inform them that "C" stands for communicable and "N" for noncommunicable. After erasing lists/categories on chalkboard, ask students to identify if a named disease is "C" or "N" by each holding up one of the slips.

RESOURCES & MATERIALS

Chalkboard

For each student, two pieces of different colored paper, one marked C, the other N.

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be given opportunities to predict the outcome of actions based on experience or data.

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-1. Develop and practice effective peer skills.

ASSESSMENT CRITERION

Identify ways to be a good friend especially with persons with special needs.

ACTIVITIES & STRATEGIES

Ask: "If people are friends, what does that mean? What do friends do together or for each other?"

Possible answers include:
- work or study together
- play together
- talk together in person or on the phone
- help each other

Friends don't:
- make fun of each other
- talk about each other
- tell lies about each other
- try to talk friends into doing something hurtful or unhealthy
- get each other in trouble

Some friends who need more help than others are children in wheelchairs, children who are sick a lot, boys and girls who are lonely, children who are having trouble with school work, etc. What are some ways we can help these friends?

Ask students to write FRIENDS vertically down the left side of a sheet of paper. "Write a complete sentence starting with each letter in the word. Let each sentence tell of something you can do with or for a friend." Illustrate on the chalkboard.

Option:
Have students write a word or phrase beginning with each letter or draw a picture with each letter.

RESOURCES & MATERIALS

Paper, chalkboard

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept responsibilities for one's actions.

LESSON OBJECTIVE

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Improve decision-making abilities and social responsibilities.

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Review the definition of *self-responsibility* and relate decision making to these skills. Ask the students to spontaneously answer the questions that follow:

What if...
- ...someone challenges you to a fight after school?
- ...everyone is going to come in late to school one morning to protest the suspension of a student?
- ...someone challenges you to smoke a cigarette?
- ...someone challenges you to drink a beer?
- ...you are the only one in the class not invited to a party?

Then write the following recommended steps for decision making and have the class explore the same questions more completely:
- Define the problem.
- Collect information to explore solutions and/or alternatives.
- Choose the healthy solution or alternative.
- Follow through with action and evaluate if necessary.

Divide the class into small groups. Pass out the worksheet, "Decision-Making Model." Dictate the following situations and ask the groups to work through the recommended steps for decision making.
- A person is being pressured by a group to do something he or she is not sure about doing.
- A person is exerting pressure on another to do what she or he may not want to do.

Discuss each group's decisions. Ask the students to role-play the two situations.

Share additional choices with the class.

RESOURCES & MATERIALS

Chalkboard

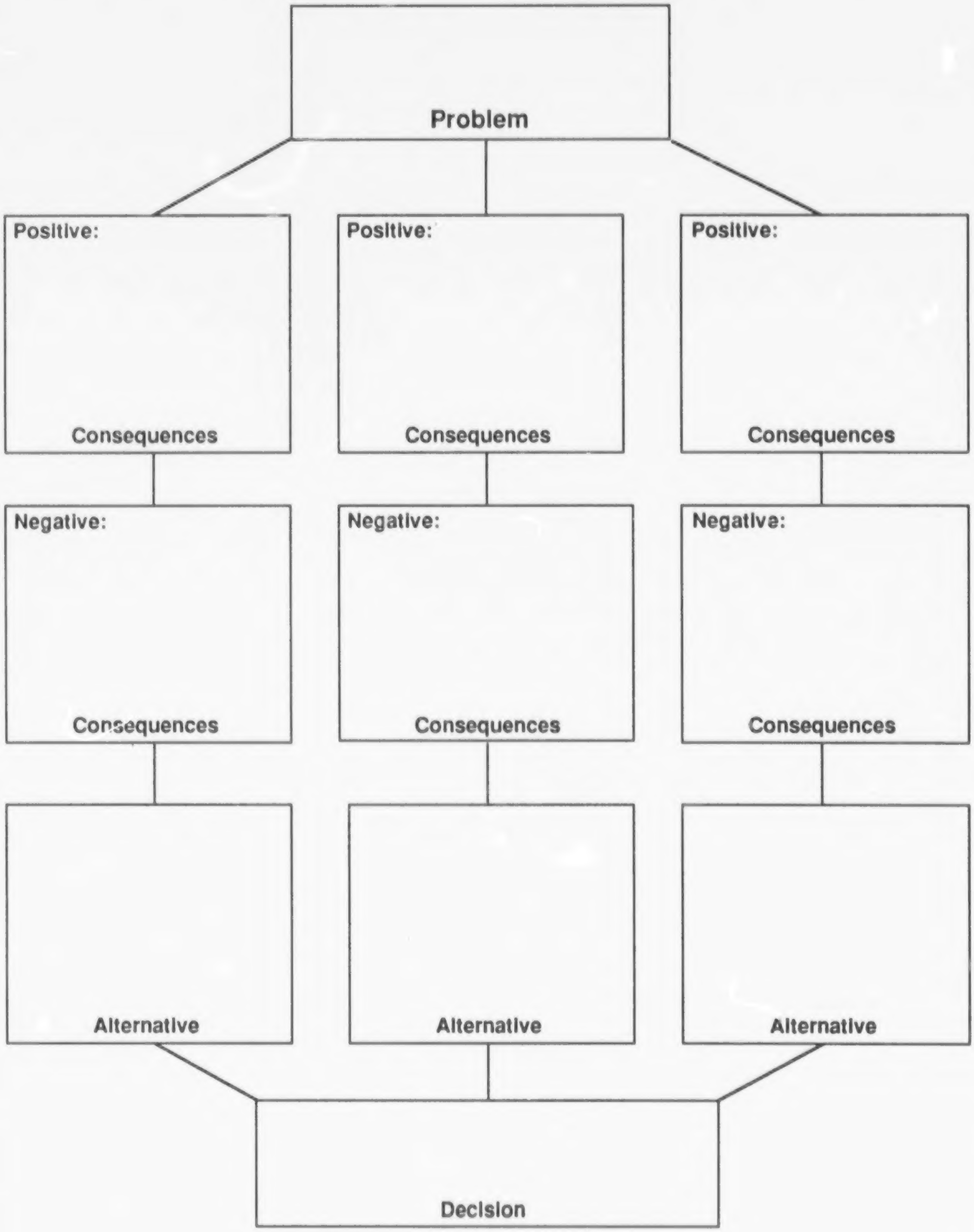
Worksheet: "Decision-Making Model"

Book suggestion:
Teach Your Child Decision Making: An Effective 8-Step Program for Parents to Teach Children to Solve Everyday Problems and Make Sound Decisions by John F. Clabby and Maurice J. Elias, Doubleday, Garden City, NY, 1986

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept responsibility for one's actions.

Decision Making Model


Problem
Positive:
Positive:
Positive:
Consequences
Consequences
Consequences
Negative:
Negative:
Negative:
Consequences
Consequences
Consequences
Alternative
Alternative
Alternative
Decision

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

ASSESSMENT CRITERION

Practice making alternative choices.

ACTIVITIES & STRATEGIES

Explain to students:
- A problem may be solved in many different ways.
- A person may choose from different ways to solve problems.

Distribute to each student one of the red and blue circles.

Ask questions on the Teacher Resource. For each question, two answers will be possible.

Ask the student to place the circles on their desk so that the red is first and the blue is second.

If you like the first answer, hold up the red circle. The blue circle means that you like the second answer.

Discuss with students:
- Did you notice how many students answered with a red circle on the first question? Blue circle?
- Which student or group of students answered correctly?
- Is one correct and another incorrect?

Review the concept of alternatives.

RESOURCES & MATERIALS

One red and one blue circle for each student.

Teacher Resource

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept responsibility for one's actions.

Which kind of teacher would you prefer?
- A mean person who is a good teacher? (red)
- Someone who is both nice and a good teacher? (blue)

Which do you like the best?
- A classmate who tattles? (red)
- A classmate who picks on you? (blue)

What kind of present would you most like to receive?
- A surprise present? (red)
- A present you picked out? (blue)

To whom would you tell a secret?
- Friend? (red)
- Parent? (blue)

What would you consider the worst experience?
- Telling on a friend? (red)
- Getting lost in a shopping center? (blue)

Which of these people would you want most as a neighbor?
- A circus clown? (red)
- A teacher? (blue)

Which do you least like to do?
- Get up in the morning? (red)
- Pick up your clothes and toys? (blue)

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice effective decision-making skills.

ASSESSMENT CRITERION

Apply effective decision-making skills to various scenarios.

ACTIVITIES & STRATEGIES

Read the following situation to the class:

> John has three pages of math homework to finish and he knows his family is going to a movie tonight. His friend Bill wants him to ride bikes this afternoon and help build a new fort.

Discuss alternatives to John's problem and the probable consequences of each solution. What other people might become involved?

Example:
- John tells Bill he won't ride bikes...
  Bill gets mad.
- John decides to skip the homework...
  John gets in trouble at school.
  Mother finds out he didn't do it and won't let him go to the movie.
- John explains his problem to Bill and finishes his home work...
  John gets to go to the movie.
  Bill decides to wait until tomorrow to start building the fort.

Ask the students to create a picture story map. Pass out the worksheet, "Story Map." Ask them to choose one of the situations below, apply the map to reach a final decision.

Other discussion questions:
What would you do if...
- you came home and found the front door open
- your ball rolled into the street
- you are finished with your outside toys
- you found broken glass outside
- you wanted to cross the street and cars were parked along the curb
- you found some medicine lying around
- you found some cleaning solution and you had nothing to do

RESOURCES & MATERIALS

Book suggestion:
The Sneetches, Dr. Seuss, Random House, NY, 1961

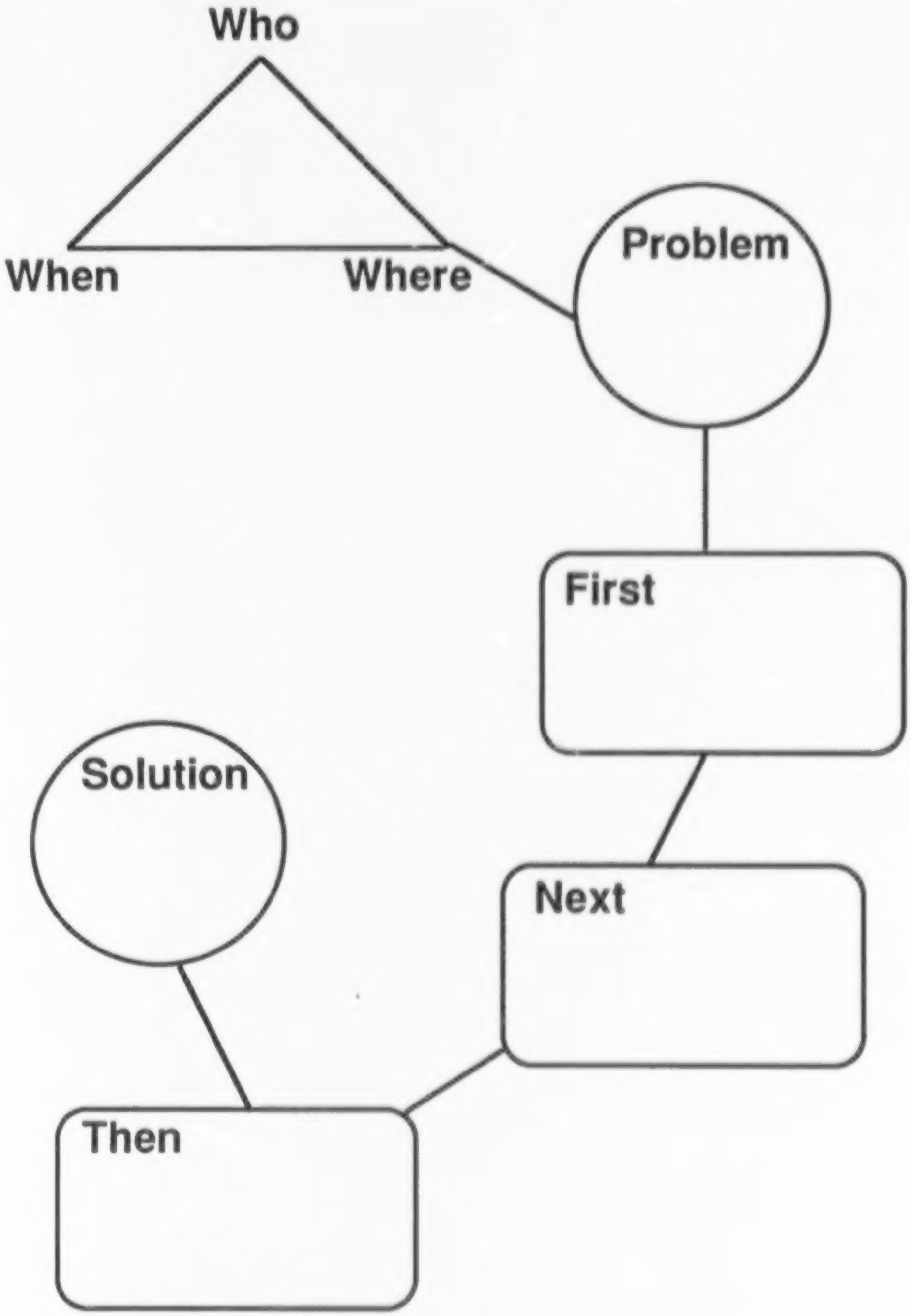
Worksheet: "Story Map"

Book suggestion:
What To Do When and Why: At School, At Parties, At Home, In Your Growing World, Marjabelle Stewart and Ann Buchwald. D McKay Co., New York, 1975

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The students shall be provided opportunities to explain acceptable ways of dealing with individual and group conflicts and accept responsibility for one's actions.

STORY MAP


Who
When
Where
Problem
First
Next
Solution
Then

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III. B-I. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

List ways to be responsible for one's own wellness.

ACTIVITIES & STRATEGIES

Talk about auditory signals—a bell you use to get the students' attention, a bell to signal periods in school, a horn that an auto driver uses, a telephone ring to signal that someone is calling, etc.

Say: "A signal is a sound (or event, gesture, or sign) that sends us information or a warning."

Continue: "Sometimes our bodies send us signals. We need to listen to our bodies."

Discuss these signals:
- sleepy, tired—not enough sleep
- toothache—cavity, lack of proper dental care
- growling stomach—time to eat
- red, sore cut—infection in the cut

Ask students for other signals.

Continue: "Some of the signals are not easy to interpret. Sometimes we don't know exactly what the signal means." (Examples: vomiting may mean you ate too much candy or may signal something more serious like the flu. A fever could indicate the beginning of a number of sicknesses.) Ask students for others.

Ask: "Who do you tell about these signals or symptoms?"

Ask: "What are signals that you are well and healthy?" (energy, happiness, alertness, feeling good, agility/flexibility, etc.)

Ask: "What can you do to cut down on signals that mean your body needs help or is sick? What can you do to increase signals that say you are well, that your body is healthy?" (Name good health habits, check-ups, immunizations, etc.)

Remind students to listen to their bodies' signals.

RESOURCES & MATERIALS

Book suggestion:
Walt Disney's *Happy Healthy Pooh Book*, Western Publishing Co., 1977

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept responsibility for one's actions.

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-6. Develop effective study and work skills.

ASSESSMENT CRITERION

Identify activities that offer healthy working situations.

ACTIVITIES & STRATEGIES

Divide the class into groups of four or five students. Give one group construction paper cut in large circular shapes; the next group, the paper cut in squares; the next group, rectangular shapes; next, triangular shapes.

- Have the students work in small groups to make a collage of people sharing or working together. They may cut helper pictures out of magazines, catalogs, etc. and paste them on the various shaped construction paper.
- Discuss the different jobs involved in this project before the students begin. If one person likes to cut, then cutting out the pictures would be that person's job. One person may be good at presenting and would have the job of interpreting the collage to the class, etc. All can help clean up. Ask one student to volunteer to be the group leader.
- Ask the students if they enjoyed working in their groups. How can each person make it easier to work as a team?
- Ask each group to share its collage with the class. Ask the student who volunteers to present to give an explanation of the collage.

Collect the pictures of the working groups and make a mobile illustrating healthy working situations. Hang the mobile in the classroom .

RESOURCES & MATERIALS

Construction paper cut into circles, squares, rectangles, and triangles

Magazines, catalogs, scissors, string or yarn

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to volunteer for leadership activities.

Social Studies **Grade 2**

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy ways of expressing thoughts and feelings.

ACTIVITIES & STRATEGIES

Explain to the students that for all of us there are times when we feel great; there are times when we feel down. Sometimes, some little thing can change our moods completely. As a class, ask the students to think of what some of these things are.

Guide the class in a short discussion.
The students might mention:
- getting scolded
- getting snubbed by a friend
- receiving a compliment
- doing work well
- losing their lunch money
- playing on a winning team

This discussion can help you recognize the stress individual students have in the classroom.

Pass out one balloon to each student. Tell students to carry their balloon around all day. Explain the following procedure to the students: blow air into the balloon when something happens that makes you feel good and let a little air out of the balloon when something makes you feel low.

At the end of the day, conclude by asking the students: "When your personal balloon is low, what positive things can you do for yourself to inflate it again?"

RESOURCES & MATERIALS

Balloons

Book suggestion:
Celebrate You: Building Your Self-Esteem by Julie Talla Johnson

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ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to explain acceptable ways of dealing with individual and group conflicts.

LESSON OBJECTIVE

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Practice antivictimization techniques.

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Tell students: "Sometimes people do things that make us angry or afraid. Sometimes people want us to do things we know are not healthy decisions." Ask for examples. Some situations may include the following:

- some one wanting you to hit another child
- someone wants you to lie to the teacher
- someone asks you to disrupt the class
- someone asks you to steal a student's lunch they brought from home
- someone wants you to smoke, sniff, or drink something you know is bad for you

In each case tell the students there are three steps to remember if asked to do something they don't want to do. Suggestions may include this three-step response:

- Say "no," "stop it," and tell them what makes you angry.
- Get away from that person, avoid him or her.
- Tell someone.

"What if the person you tell doesn't help you?" (Tell a second person.)

"What if the person wants this to be secret?" (These are not secrets; the person is just saying that so he or she won't be in trouble.)

Use situations suggested for role-playing the response listed above.

Continue: "Should anyone be touching a boy's or a girl's private parts?" (Sometimes the doctor, nurse, or parent for health reasons—no one else.) "What should a person do if that happens?" (Refusal steps) "Should anyone ask a boy or a girl to touch that person's private parts?" (Refusal steps)

RESOURCES & MATERIALS

Teacher Tip

Protection from sexual abuse is now more critical than ever. Incidences of HIV/AIDS have been traced to sexual abuse and sexual assault.

Book suggestion:
Help Yourself to Safety: A Guide to Avoiding Dangerous Situations With Strangers and Friends by Kate Hubbard and Evelyn Berlin

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ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to explain acceptable ways of dealing with individual and group conflicts.

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Identify special groups and relationships.

ACTIVITIES & STRATEGIES

Talk with the students about having friends. Ask them to:
- help make a list of words that describe a friend
- tell stories about their best friends

Ask the students to complete open-ended sentences such as the following:
- When I am with my friend, I feel...
- When I am a new person in a group, I feel...
- On the playground, I feel...
- Sharing makes me feel...

Discuss how to make new friends. Ask the students to role-play talking to a new child with whom they want to become friends.

Discuss attending a particular school. Talk about:
- things that are fun at school
- things that are not fun at school
- adults in the school environment (teachers, cafeteria workers, librarians, custodians, crossing guards, etc.)

Ask the students to draw their friends playing on the school playground. Talk about playing with friends at school.

Ask the students to name other groups to which they belong:
- churches and synagogues
- sports teams
- dance classes
- play groups

Option:
Have each student divide a large drawing sheet into quarters. In each section, draw a picture of a group to which he or she belongs.

RESOURCES & MATERIALS

Chalkboard

Book suggestion:
The Sneetches, Dr. Seuss, Random House, NY, 1961

Teacher Tip

Emphasize that it is not always easy to communicate with others. However, all persons enjoy and benefit from positive comments and friendly relationships.

Paper, colors

ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to identify several groups to which students belong.

Social Studies Grade 2

2

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Describe personal family activities that create healthy relationships.

ACTIVITIES & STRATEGIES	RESOURCES & MATERIALS
Discuss the groups to which students may belong in order of closeness or intimacy.	
Discuss belonging to one's special family.	
Ask the students to complete the worksheet, "Mystery Cruise," by pretending they are inviting their families on a mystery trip. Have them draw a picture of each family member on the boat.	Worksheet: "Mystery Cruise"
Have students write the names of family members on the worksheet, "Family Flag," and draw a picture on the flag illustrating special characteristics of each member. Ask the students to color the flag and cut it out. Paste it on top of the boat. A popsicle stick may give support for the flag. Talk about the fun they could have on the imaginary voyage.	Worksheet: "Family Flag" Crayons, scissors, glue, popsicle stick
Discuss other activities their families do together. What activities do they enjoy most? What activities are not much fun?	
As a concluding activity, cut out pictures from magazines or newspapers of families doing things together. Make a class collage for the bulletin board.	Magazines, newspapers

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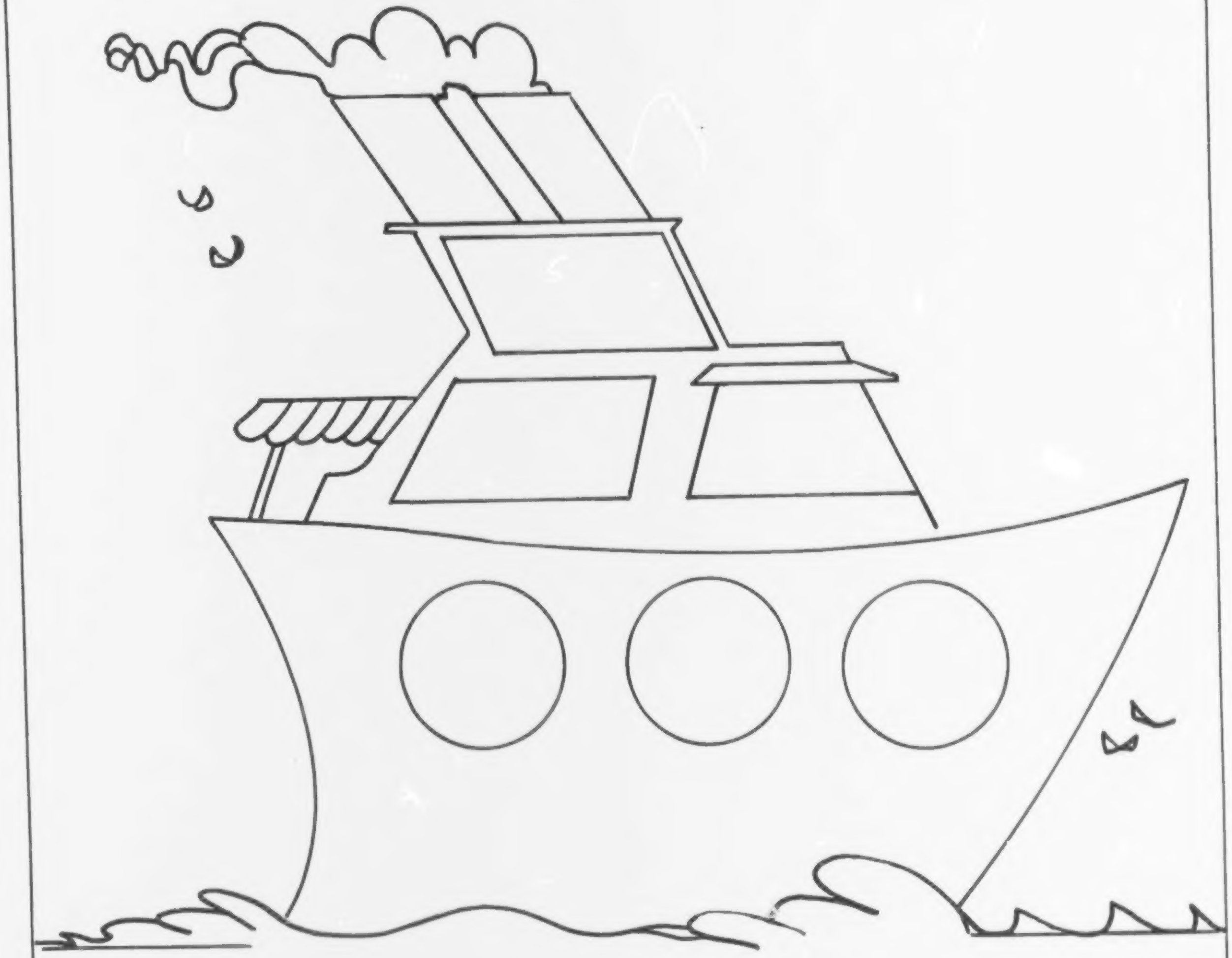
ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to identify several groups to which students belong.

NAME________________________________ **DATE**____________________



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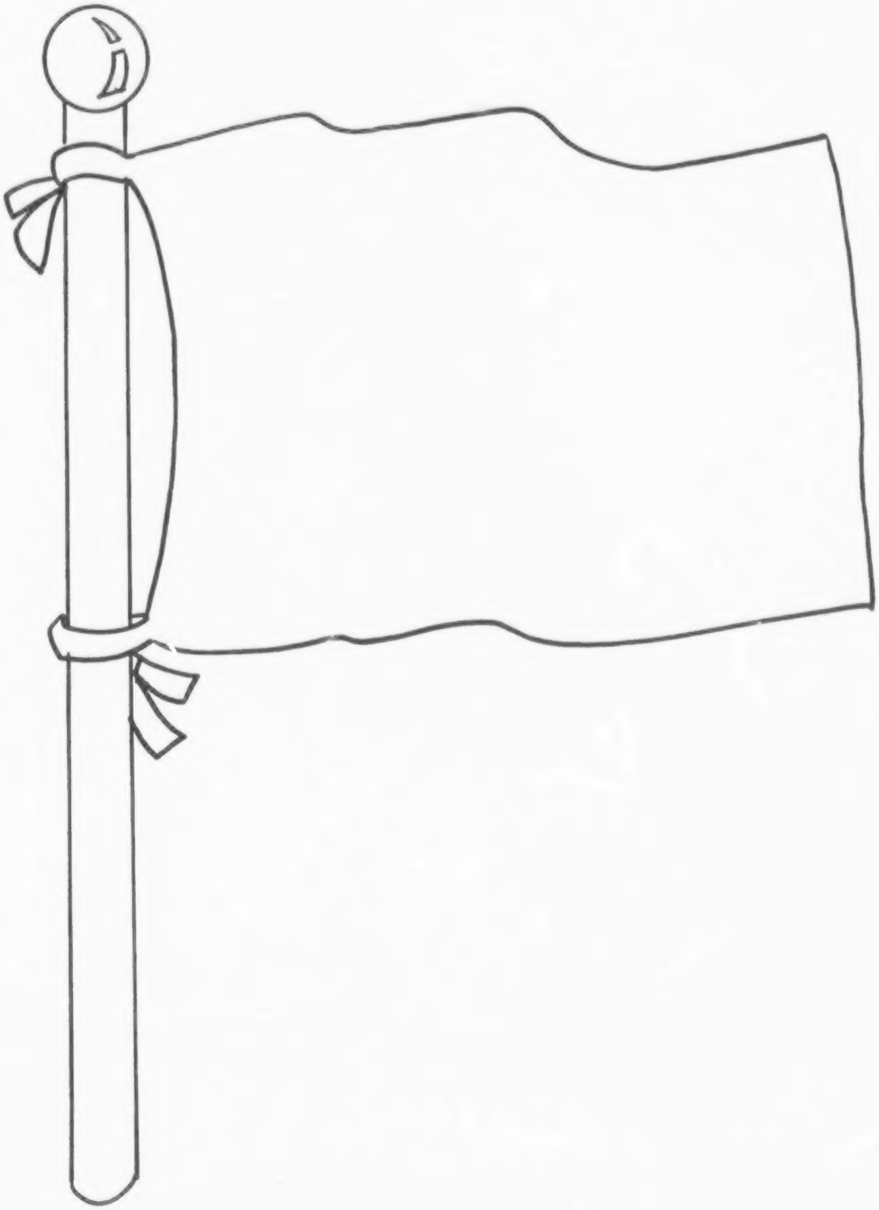
TEXAS EDUCATION AGENCY
ESR III

NAME________________________________ DATE____________________

Family Flag



NOTES

NOTES

Education
for
Self-Responsibility III:

PREVENTION
OF
HIV/AIDS

Sample Lessons

GRADE
3

Texas Education Agency

ESR III

LESSON OBJECTIVE

III.A-4. Avoid/minimize behaviors which may lead to disease, illness, and injury.

ASSESSMENT CRITERION

Differentiate between things we want and things we need.

ACTIVITIES & STRATEGIES

Ask pairs of students to:
- make a collage of positive health-related products cut from old magazines. Discuss how the products add to good health.
- make a collage of products advertised that are not good for health or are not for children (cigarettes, alcohol, diet pills, sleeping pills, etc.)

Identify and examine each product or picture. Help students become more discriminating and more aware of the messages portrayed in advertisements.

Discuss the difference between needing something and wanting it. Examine collages to identify items in each category.

Option:
Ask the students to collect pictures of things a person may need and of things a person may want. Ask: "Where did you first see some of the things you want?" (Explore ads on TV and in newspapers and magazines to make children aware of the influence and appeal of the media.)

RESOURCES & MATERIALS

Magazines, scissors, glue

Magazines, newspapers

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media, including drawing, painting, printmaking, constructing and modeling three-dimensional forms, and manipulating fibers.

Fine Arts **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-7. Identify healthy ways to encourage and demonstrate compassion for persons with special needs.

II.A-1. Recognize feelings and behaviors experienced by persons as a result of diseases.

ASSESSMENT CRITERION

Demonstrate ways to cheer someone who is ill.

ACTIVITIES & STRATEGIES

Ask students how they felt when they were home with an illness. Write emotions on the chalkboard or an overhead transparency. Ask students to identify what behaviors a person might exhibit with each of these emotions. Ask volunteers to demonstrate some of these behaviors through facial expressions, body movements/positions, and vocal quality.

Talk about ways to help people who are ill, ways to make them feel better. Talk about reasons why visiting that person may not be possible—i.e., people with AIDS may contract a disease that may be serious for them because the immune system is not functioning adequately, or perhaps the person who is ill is contagious.

Discuss and plan a group art project to cheer the person who is ill. One approach that is especially adaptable to this purpose is a group mural.

Draw background terrain on a long section of bulletin board paper and ask students to each contribute trees, flowers, and other sketches. Students or pairs can draw their contributions at various times during the day. Agree upon and add a greeting; have each student sign his or her name. Plan together how the mural can be delivered to the person.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

This activity can be especially appropriate if a student in the class or school has a chronic health condition and/or a fatal illness like leukemia or AIDS. In such a case, a counseling program for students should be offered; this activity could be part of the counseling process. Contact the regional Texas Department of Health office or the regional education service center for information on counseling.

Bulletin board, paper, markers, crayons, paint

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media including drawing, painting, printmaking, constructing, and modeling three-dimensional forms, and manipulating fibers.

Health **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.A-2. Identify and practice personal safety and good health habits.

III.D-2. Recognize and demonstrate responsible behavior as a social responsibility.

ASSESSMENT CRITERION

Describe effective choices to maintain good health.

ACTIVITIES & STRATEGIES

Put up a clothesline or rope. Have a healthy behavior sign on the left end of the clothesline and an unhealthy behavior sign on the right end of the clothesline.

Write the behaviors listed on the Teacher Resource on cards—one behavior per card. Give one card and a clothes pin to each student.

Explain to students that they will read the card you have given them. Then they will pin the card on the clothes-line where they feel it belongs. First give the students plenty of examples so that they understand the meaning of healthy and unhealthy behaviors.

After they have read the behavior, ask them to place it on the clothesline.

Once everyone has had an opportunity to place his or her card on the clothesline, go through each behavior and discuss if it is accurately placed.

RESOURCES & MATERIALS

Clothesline or rope, signs, clothes pins, markers, cards

Teacher Resource

Book suggestion:
Responsibility by Linda Carls Johnson

ESSENTIAL ELEMENTS

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote oral health, cleanliness, health of eyes and ears; habits of rest, sleep, posture, and exercise; and self-concept.

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to recognize the negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs.

Taking a dare whenever asked
Crossing streets and not looking both ways
Playing with matches
Playing with firecrackers
Showing off on your bicycle
Talking to strangers
Washing hands after going to the bathroom
Not washing hands after going to the bathroom
Completing tasks in a hurry
Not wearing a seat belt
Wearing a seat belt
Covering your mouth and nose when you sneeze
Not covering your mouth and nose when you sneeze
Leaving toys lying around
Following bicycle safety rules
Brushing your teeth
Not brushing your teeth
Flossing your teeth
Not flossing your teeth
Eating food from someone else's plate
Eating all junk food
Eating candy and vegetables
Eating food from all five food groups
Smoking cigarettes
Taking illegal drugs
Knowing fire drill procedures at school
Following bus safety rules
Jumping and running around in the school bus
Running in the classroom
Washing, showering, or taking a bath daily
Visiting the dentist at least once a year
Watching TV six hours a day
Keeping your clothes picked up
Getting at least 8 to 10 hours of sleep a night
Taking medicine your parent gives you

LESSON OBJECTIVES

III.A-3. Develop and use skills for coping with change, success, and failure.
III.C-1. Develop and practice effective peer skills.

ASSESSMENT CRITERION

Respond appropriately to positive comments.

Health **Grade 3**

3

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Brainstorm with students' assistance, writing on the chalkboard or overhead, one good thing about each member of the class. Discuss how it makes the students feel when someone says something good about them. Discuss the importance of accepting these good statements and how to respond to them.

Divide the class into groups of four or five. Have each member of a group write at least one positive compliment about the other member of the group. Have the student stand while other group members read compliments aloud to class. Ask:

- How did it make you feel to have friends say positive things about you?
- What do you say in response?
- How does it feel to have people say negative things?
- What do you say or do in response?

Instruct: "Keep a list of positive things you say today about others."

Ask students to read their lists at the beginning of the next class. Ask: "Did this exercise make you more aware of positive traits and encourage you to compliment others?"

Have each student write and take home to an adult a positive trait about themselves. Ask the adult to report a positive trait also. Volunteers can tell the class the next day.

Option:
Develop a chart of positive comments and award stickers or checks as students use these words/phrases.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

A good classroom rule is *No Put Downs* by students or adults. To introduce this activity, emphasize that only *good* positive comments can be made at school. *No Put Downs!*

Paper

Poster board, award stickers or checks

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

LESSON OBJECTIVES

III.B-4. Identify, develop, and practice good decision-making skills.

III.B-5. Practice behaviors and activities which enhance self-esteem.

ASSESSMENT CRITERION

Review and practice skills that reinforce a healthy self-esteem.

ACTIVITIES & STRATEGIES

Explain that self-esteem means how you feel about yourself. People with a healthy self-esteem tend to make healthy decisions. They tend to make friends and keep friends.

Describe the origin of self-esteem, suggesting that we're all born with an imaginary treasure chest. As people love, cuddle, brag about, and play with us, it puts treasure in. As they criticize us, it takes treasure away. Sometimes when a lot of put-downs accumulate, the treasure chest locks. Locking protects us from hurts, but it also prevents us from feeling good feelings inside the treasure chest. Three keys can unlock those feelings. Show the class the first (scrambled) key listed on the Teacher Resource.

One by one, read the class the clues for each of the keys from the Teacher Resource, "Self-Esteem." Give the students time to guess, then give a correct answer.

Students can draw, paint, or construct a self-esteem treasure chest. Or they may use the worksheet, "My Treasure Chest." Students working in pairs will generate more ideas for the worksheet.

Option:
Take photographs of students and place them by their self-esteem treasure chest drawings on the bulletin board.

RESOURCES & MATERIALS

Worksheet: "Keys"

Teacher Resource: "Self-Esteem"

Worksheet: "My Treasure Chest"

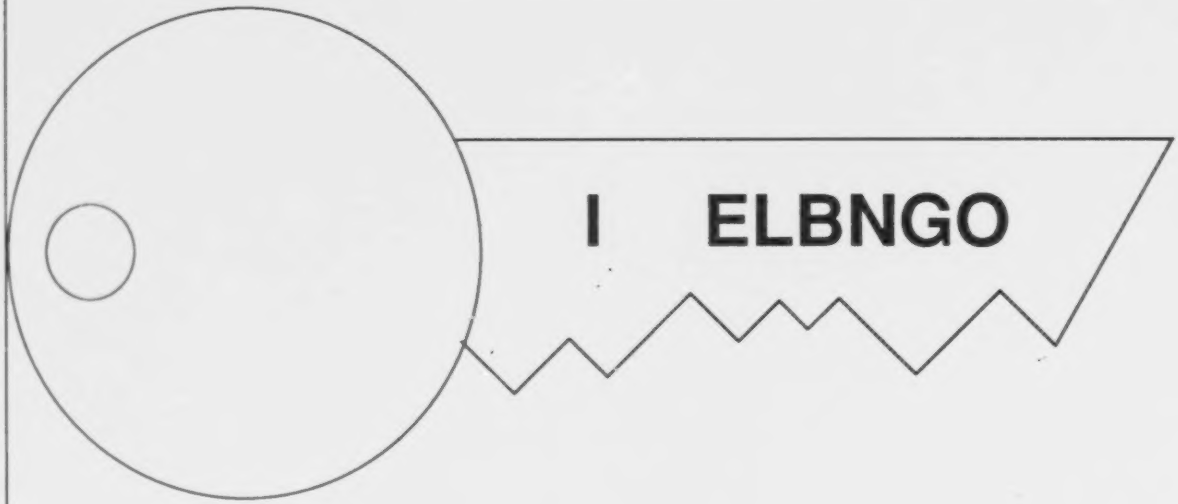
Markers, crayons, paint, paper

Camera, bulletin board

Book suggestion:
You Are Somebody Special by Bill Cosby

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.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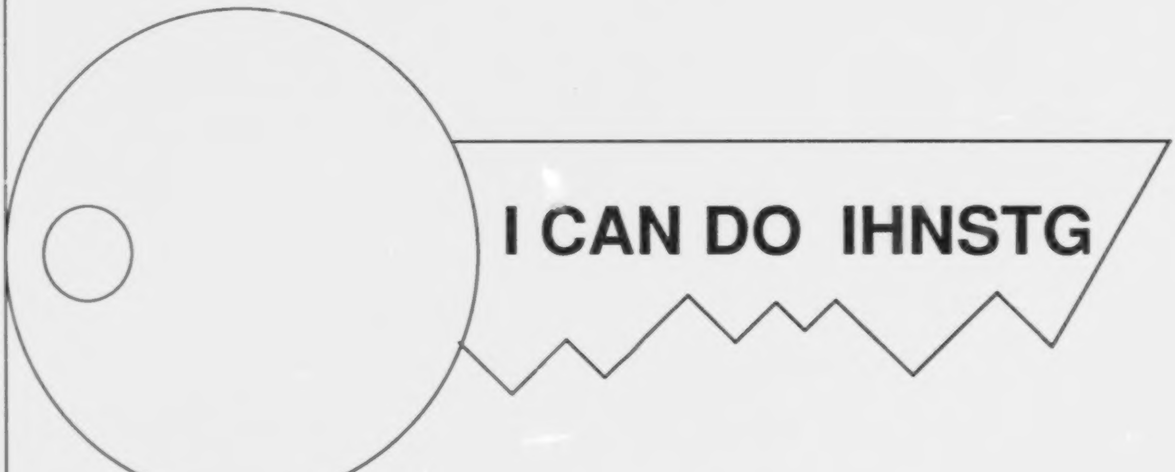
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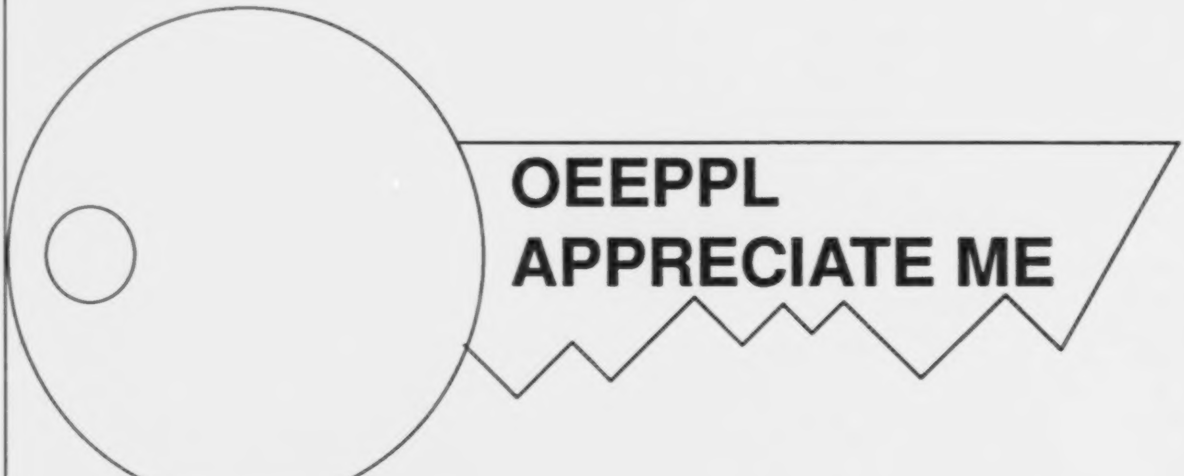
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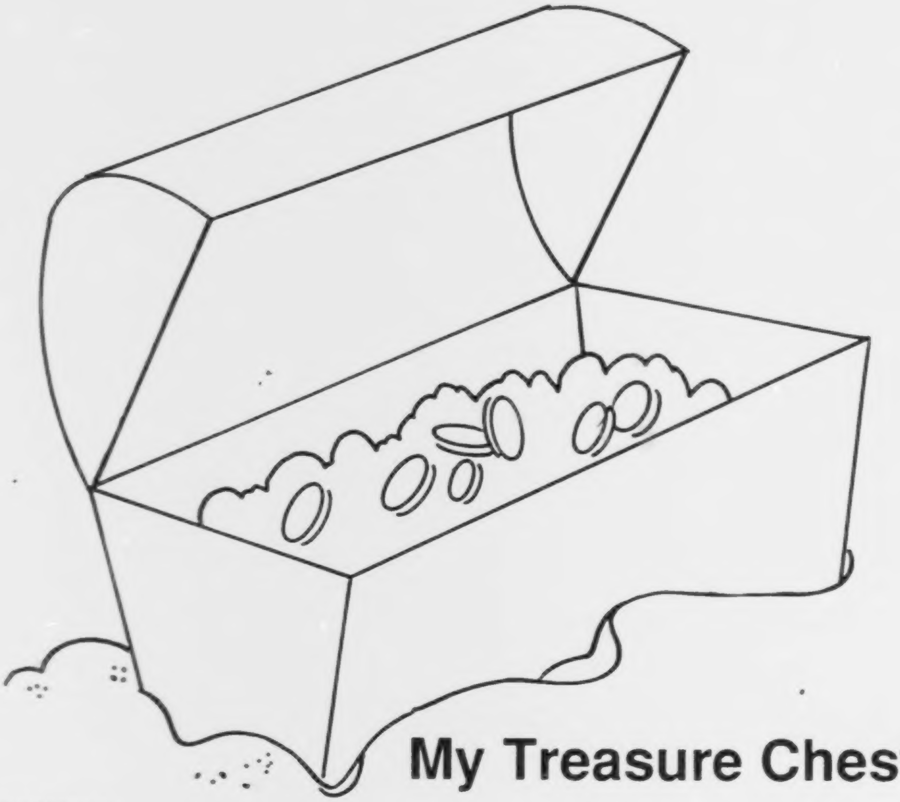
APPRECIATE ME

NAME________________________________ DATE____________________



My Treasure Chest

My Treasures

Self-Esteem

Clue 1:

Everybody needs to feel this way. You feel this way when someone chooses you to be on his or her team. You feel this way when your whole family gets together for Thanksgiving. You feel this way when everybody's going somewhere, and they ask, "Aren't you coming?" You feel this way when you're home sick and somebody calls just to see if you're okay. You feel this way when friends invite you to be in their club.

Answer: "I belong."

Clue 2:

Everyone needs to feel this way, too. Jimmy is only three years old; he feels this way when he puts his clothes on all by himself. Kathie is seven; she feels this way when she rides her two-wheeler for the first time. Mack is 11; he gets this feeling by building model airplanes. Denise is 16; she feels this way when she drives the car with her new driver's license.

Answer: "I can do things."

Clue 3:

Everybody needs to feel this way, also. Mary is doing her chores when the phone rings. She asks her little brother, Jack, to answer the phone. He answers it and takes a message for Mary. She says, "Thanks, kid," and Jack feels this way. When her mother comes home, she sees that Mary has straightened up the house and says, "The house looks great, honey." Mary feels this way.

Answer: "People appreciate me."

LESSON OBJECTIVES

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Experience and respond to being ostracized from the group.

ACTIVITIES & STRATEGIES

Play the "Telephone Game."

Sit in a circle. Assign a volunteer to play the role of telephone operator and sit in the center of the circle. To begin the game, whisper a secret to a student who will then pass it to the next student and so on, around the circle. (The group does not share the secret with the student who was chosen to be in the center.) Ask the telephone operator, "How did it feel being the only one who didn't know the secret?" The exercise should be repeated several times to allow other students to see how it feels to be left out. Allow the secret to be passed one or two times depending on the size of the class or group. Be sure all students who have participated in being left out now know the secret. Help them feel comfortable back in the group.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Identify and practice health habits that contribute to cleanliness.

ACTIVITIES & STRATEGIES

Ask students:
- Can you name some good habits about cleanliness? (brush teeth, wash hands before eating, etc.) Write suggestions on the chalkboard or an overhead transparency.
- Do you sometimes forget to do some of these things? Explain that it is important to remember our good habits.

Ask students if they know:
- why germs spread disease
- why germs may cause odor
- how people spread germs
- how we can avoid germs

Ask students to think of themselves and the habits that they have and the ones that they forget. Explain that sometimes persons of all age groups forget important health habits.

Have students think about their own habits and pick out two that they sometimes forget to do.

Have the students use the worksheet, "I'm Cleaning Up My Act," and keep a diary for one week, noting each day that they are working on "cleaning up their act."

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Worksheet: "I'm Cleaning Up My Act"

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote cleanliness.

NAME______________________________ DATE____________________

I'm Cleaning Up My Act

Draw a picture of two cleanliness health habits you sometimes forget. Then try to work on those habits for a whole week.

Picture 1

Picture 2

(Put a √ for each day that you did what your picture shows.)

Picture 1
Mon _ Tue _ Wed _ Thur _ Fri _ Sat _ Sun _

Picture 2
Mon _ Tue _ Wed _ Thur _ Fri _ Sat _ Sun _

ESR III

LESSON OBJECTIVES

III.B-5. Practice behaviors and activities that enhance self-esteem.

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify and practice characteristics of a positive, healthy self-image.

Language Arts **Grade 3**

3

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask students to make a personal poster using a shadow silhouette technique. (See Teacher Resource.)
- Have half of the class members write their names on a piece of paper. Fold the papers and put them in a container.
- Have the other half of the class members pick a name from the container to secure the name of a partner.
- Direct each student to make a list of words that describes their partner.
- Direct each student to cut words and pick pictures from magazines and newspapers that illustrate positive things about his or her partner. Have them mount the words and pictures on slips of white paper.
- Working as partners, have the students paste the slips on a silhouette for each.

Ask the students to work with a partner and write a paragraph that describes feelings you might have if:
- everyone in the class laughed at you when you made a mistake
- you were left out of a game
- someone said something good about you
- someone tried to persuade you to do something you really did not want to do

Ask for volunteers to report to the entire class.

Remind students that all have good traits and characteristics, and we all have some *not-so-good* that we need to change. Each is special and unique.

RESOURCES & MATERIALS

Poster board or construction paper, container or bag, paste, scissors, magazines, and newspapers

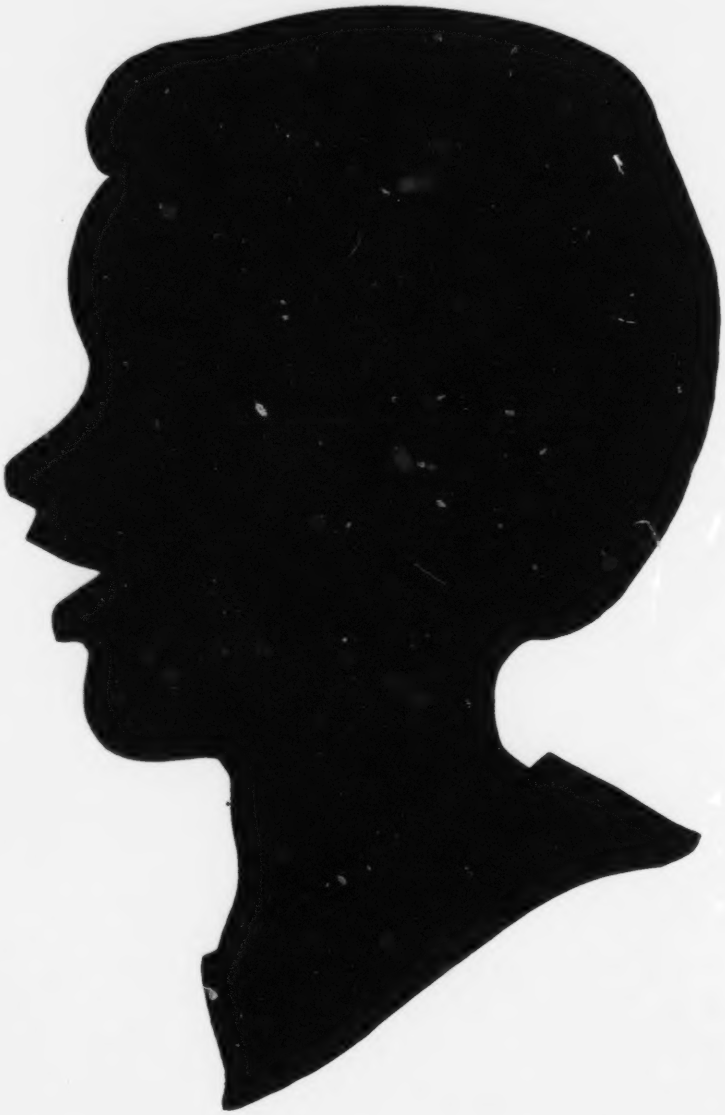
Paper

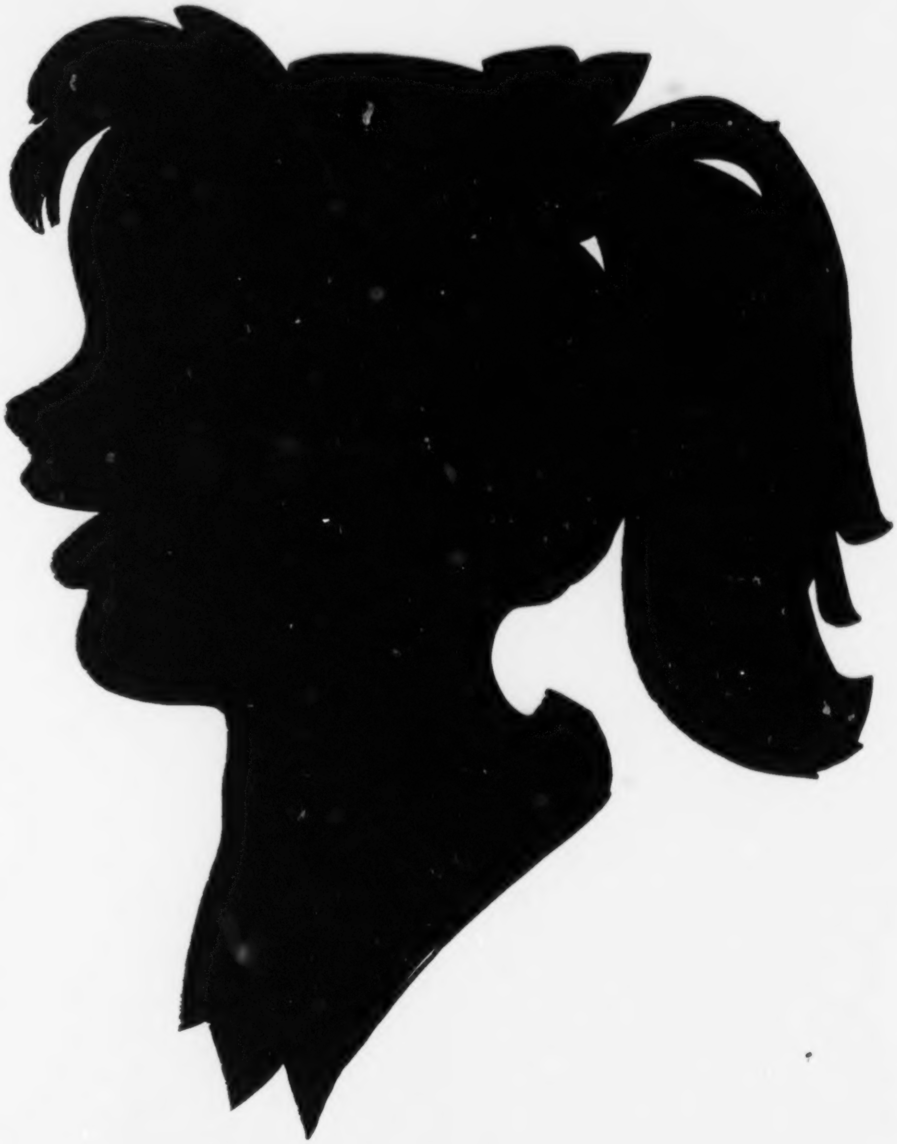
Teacher Resource

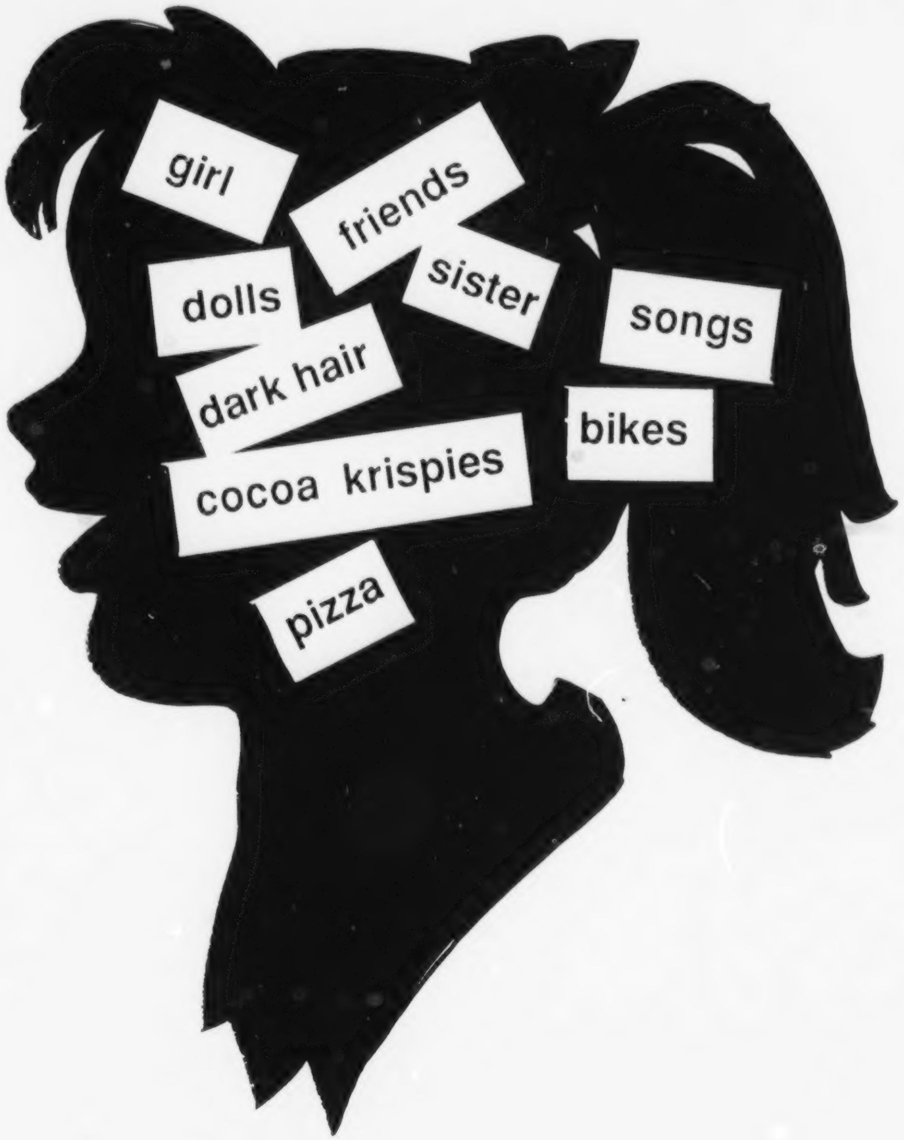
Book suggestion:
Celebrate You: Building Your Self-Esteem
by Julie Talla Johnson

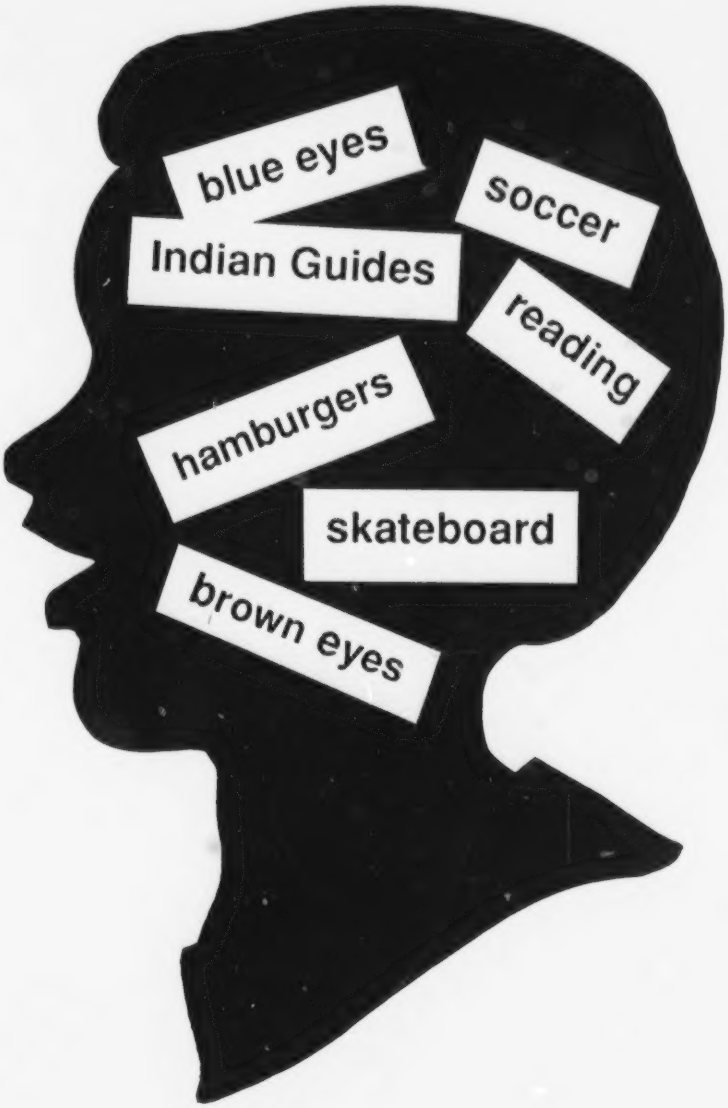
ESSENTIAL ELEMENT

English language arts. Writing. Using a variety of techniques to select topics and to generate material to write about those topics. The student shall be provided opportunities to expand topics by collecting information from a variety of sources.






girl
friends
dolls
sister
songs
dark hair
bikes
cocoa krispies
pizza



blue eyes
soccer
Indian Guides
reading
hamburgers
skateboard
brown eyes

Language Arts **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Describe effective ways to reject offers of unsafe behavior.

ACTIVITIES & STRATEGIES

Define *peer* and *peer pressure*. (A peer is a child your own age. Peer pressure is when a friend or friends try to get you to do something.)

Write the words on the chalkboard or overhead transparency. Explain that peer pressure can be exerted by asking, persuading, bullying, forcing, name calling, etc.

Use an example: "Your grandmother has asked you to stay at home until she comes back from the store. Your friend comes over and asks you to go to the shopping center."

Ask each student to think of ways the friend might try to convince them to do what their grandmother said not to do.

Have individual students volunteer and role-play examples of peer pressure for this example.

Ask the students to think of ways to answer and not give in to peer pressure. Have individual students volunteer and role-play ways to respond.

Say, "We've been talking about negative peer pressure or 'bad' peer pressure. Can there be healthy or positive peer pressure?"

Ask students to give examples of positive peer pressure Reinforce examples of positive peer pressure encouraging students to make healthy choices and to promote safe behavior.

Ask students to sketch scenes showing responses to negative peer pressure and write a paragraph to an adult using cursive writing. In the paragraph give a definition of peer pressure and list examples of positive peer pressure. Display on bulletin board with heading:
DO THE RIGHT THING! DO THE HEALTHY THING!

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Drawing sheets and crayons

ESSENTIAL ELEMENTS

- *English language arts. Speaking. Developing fluency in using real language to communicate effectively. The student shall be provided opportunities to engage in creative dramatic activities and nonverbal communication.*
- *Writing. Applying the conventions of writing to produce effective communications. The student shall be provided opportunities to write legible cursive letters and join related sentences into paragraphs.*

Language Arts **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families

ASSESSMENT CRITERION

Identify likeness and difference between peers.

ACTIVITIES & STRATEGIES

Ask students to name some of their favorite athletes or TV stars. Choose two and ask students if these two are the same. What ways are they the same? What ways are they different? Emphasize that each is individual and that is okay. Repeat with another pair they have named. Also, ask what they like about each. Do they appreciate or like the same characteristics about these two? Each is special, and we like different things about them.

Discuss and list on the chalkboard some of the attributes, characteristics, and talents we notice in others and that we may have—i.e., color of eyes, hair, skin; expressions; skills or talents; languages; body build; size of family; group membership such as Scouts; pets; hobbies; disposition; etc.

Pair students to work together on the worksheet, "We're the Same and We're Different...and That's Fine!" Instruct the students to name characteristics that both have in the middle four boxes. Write the characteristics that they do not have in common in the boxes directly under each name.

Ask each student to tell the class one new thing he or she found out about his or her partner.

Option:
Use the activity at the start of the school year, posting the worksheets on the bulletin board to help students become better acquainted.

RESOURCES & MATERIALS

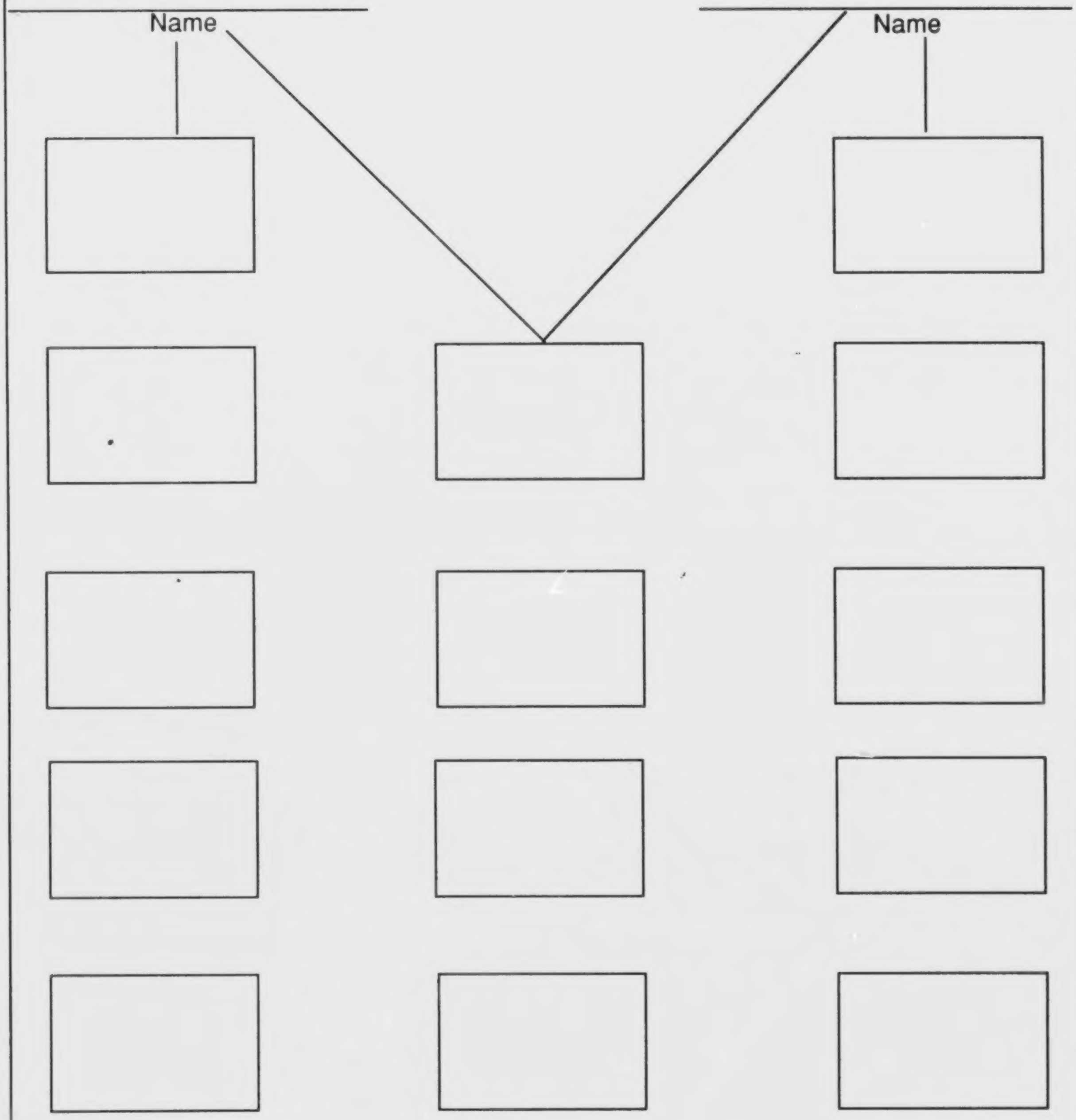
Chalkboard

Worksheet: "We're the Same and We're Different...and That's Fine!"

ESSENTIAL ELEMENT

English language arts. Using a variety of techniques to select topics and to generate material to write about those topics. The student shall be provided opportunities to use a variety of prewriting activities as sources for later writing.

WE'RE THE SAME
AND WE'RE DIFFERENT...
AND THAT'S FINE!



Language Arts **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.C-2. Identify persons including family members who can help with information on diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Identify persons who can help students solve problems.

ACTIVITIES & STRATEGIES

Ask the students to close their eyes and think for a minute about a problem they had. What did they do about it? Whom did they ask for help? They may share the information with the class.

Talk about one's feelings when asking for help. Is it hard to ask adults (other than parents) for help when we need it? Why? Have you ever been too scared to ask for help? What happened?

Discuss getting help with problems related to feelings. Example: What if...

- someone felt guilty and uncomfortable because he or she cheated on a test
- someone felt sad because he or she had no friends
- someone was angry with his or her brother or sister
- someone got a bad grade on a test in school
- someone felt afraid of catching a disease

Ask volunteers to role-play two of the examples.

Divide the class into groups of four or five students. Write the following question on an overhead transparency. What would the students want the helper to do for them? Would they want the helper to listen, care, understand, give support, still like or love them anyway?

Explain that each group will respond to the question. Each group will need a recorder and a reporter. Ask each group to report their findings to the entire class. Have the students name two loving, caring people they know whom they could ask for help if they needed it.

Have the students use the worksheet, "Special People," to illustrate these two individuals. At the bottom of the paper, write a paragraph expanding on their portrait. Encourage the students to share their worksheets at home.

RESOURCES & MATERIALS

Overhead projector and transparency

Worksheet: "Special People"

ESSENTIAL ELEMENT

English language arts. Speaking. Developing fluency in using oral language to communicate effectively. The student shall be provided opportunities to use a variety of words to express feelings and ideas.

NAME________________________________ **DATE**____________________

SPECIAL PEOPLE

TEXAS EDUCATION AGENCY ESR III

Language Arts **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-1. Recognize some communicable diseases.
I.A-2. Name some communicable and noncommunicable diseases.

ASSESSMENT CRITERION

List and explain several examples of communicable disease and noncommunicable diseases.

ACTIVITIES & STRATEGIES

Say: "Today the topic is diseases—communicable and noncommunicable." Ask the students to name diseases they have heard about. Label a bulletin board: *Communicable or Noncommunicable?* Define these terms.

As students name diseases, print each disease on a slip of paper 8 1/2 x 3 and tack it randomly on the bulletin board. Add diseases that students have not named—i.e., polio, epilepsy, athlete's foot, HIV/AIDS, leukemia, tetanus, muscular dystrophy, scoliosis, bone cancer, arthritis, measles, flu, chicken pox, etc. After you have posted the names of many diseases, ask students as individuals (or as pairs or triads) to look up information in dictionaries or encyclopedia. Have them determine: Is it communicable/infectious or not? Is it mostly a disease of children, of adults, or both? (Students hear much about AIDS via the media; be certain they understand it is mostly an adult and teenager infection. A few children were infected by the virus through blood transfusions before 1985; blood transfusions in this country are now safer. A few babies have been born with HIV because their mothers had HIV. Allay their fears about the disease as a childhood disease.)

As students report on the diseases, place signs or paper slips under the correct heading: communicable or noncommunicable. Take a marker and add one distinctive color to those that are mostly adult; do the same for those affecting mostly children.

For review, scramble names and ask students to write each in the correct column on sheets of paper at their desks.

Option:
For more concrete students, use body outlines to paste diseases upon. Use outlines similar to those portrayed with the health logo in these lessons.

RESOURCES & MATERIALS

Strips of paper 8 1/2 x 3 inches
Dictionaries or reference books

Marker

Paper

Paste

ESSENTIAL ELEMENT

English language arts. Reading. Apply reading skills to a variety of practical situations. The student shall be provided opportunities to use the dictionary and the encyclopedia to locate information.

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-2. Recognize the risk of contracting communicable diseases in some behaviors and situations.

I.B-4. Describe methods of transmission of some communicable diseases.

II.B-2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

ASSESSMENT CRITERION

Illustrate how skin helps keep germs out of the body.

ACTIVITIES & STRATEGIES

Tell students that by learning that body fluids carry certain diseases, we can know what to do when we're around sick people.

Show students the clear containers, one half-filled with plain water to represent healthy body fluids and one half-filled with dark colored water to represent diseased body fluids. Show how these bodies could play together, sit together, bump together, share toys, etc., but the germs inside each would not reach the other. As long as the body fluid that contains the unwanted germ from an infected person does not get into the blood of the healthy person, the healthy person does not get sick.

Pour some clear water into the colored water to demonstrate transfusions. Point out that healthy blood can be shared under emergency conditions. Pour some colored water into the clear water to demonstrate that certain germs, however, can be passed from person to person through transfusions. This is the case, for example, with HIV, the virus that causes AIDS, since it lives in blood. Now, since 1985, blood and blood products are tested for HIV in the United States and are not used if HIV antibodies are found.

Caution students that certain activities that call for sharing blood have a high risk of spreading germs and disease. These activities should be carefully avoided. They include blood brother and sister games, making tattoos with shared needles, and piercing ears with shared needles. Explain what is meant by *shared.*

Draw some of the colored water into a clear baster. Empty the baster. Wipe off the colored droplets on the outside of the baster. Show students the droplets that remain inside.

Tell students that this is how blood can be left in used needles. The blood can spread deadly germs. Reassure students that medical doctors and nurses never use needles that are not clean.

RESOURCES & MATERIALS

Two clear containers (plastic peanut butter jars work well), one container half-full of plain water, the other half-full of dark colored water.

Clear turkey baster

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcome of actions based on experience or data.

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-4. Describe methods of transmission of some communicable diseases.

I.B-3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.

ASSESSMENT CRITERION

Explain the purpose of blood and tell why blood transfusions are now safer.

ACTIVITIES & STRATEGIES

Lead a discussion on blood and its purpose. Tell students: "Blood is a fluid that circulates throughout our bodies. Blood carries substances to and from the cells. It is always moving. Blood is pumped by the heart through a system of blood vessels (veins, arteries, and capillaries). Body cells take from the blood what they need to stay healthy. Cells also send their wastes into the blood to be taken away. You have nearly a gallon of blood in your body."

Fill a gallon milk container to illustrate the amount of blood.

Ask students to look at the inside of their wrists. "The blue blood vessels you see there are capillaries. You can probably see the outline of your vein if you bend your hand down and out. You can't see your artery—it's there, too, covered with muscle and tissue. If you put your fingers flat on the inside of your wrist, you can feel your blood being pumped." Demonstrate the correct position of fingers.

Ask students if they know reasons why a person may need more blood or a blood transfusion (injuries, illnesses, and diseases). Ask students where hospitals get blood for transfusions. (People who are healthy give blood for people who need it.) Ask: "Why is it important to test blood before it is used for transfusions?" (It can carry germs.) Explain that some years ago scientists didn't know that people could get AIDS from blood transfusions. In the United States blood is now tested for signs of infection. So now it is safer to get a blood transfusion. "You and your family don't have to be afraid to *give* blood or to *get* blood."

Closure: "Today I learned ..."

RESOURCES & MATERIALS

Gallon milk container

ESSENTIAL ELEMENT

Science. Communicate data and information in appropriate oral and written form. The student shall be provided opportunities to obtain science information from varied sources.

LESSON OBJECTIVES

I.B-1. Recognize methods of preventing, treating, and controlling some communicable diseases.

II.B-1. Recognize the need for school policies and procedures regarding injuries, illness, and diseases.

ASSESSMENT CRITERION

Identify methods of communicable disease prevention.

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Communicable diseases are transmitted by special germs. How can we protect ourselves from communicable diseases? Ask students to look up the word *barrier*.

Say, "We can use barriers to keep germs out of our bodies." Ask students to give examples of barriers. Examples would include:
- cover a cough or a sneeze
- bandage on open cut
- have a vaccination or immunization
- stay away from someone with infectious illness
- use jars with covers to keep germs out
- wear gloves when in contact with blood
- protect your skin

Write each of these on the chalkboard or an overhead transparency. Expand the concepts involved through questions and discussion.

Now expand concepts by asking what responsibilities each student has for each of these barriers—i.e., staying home from school and day care when one is ill with an infectious/communicable disease; going to a nurse, teacher, or parent for assistance with injuries; staying away from and reporting blood spills.

Lead a discussion that allows the students to predict the outcome of each situation and concept. Conclude the lesson by asking volunteers to draw conclusions from the concepts discussed.

Option:
Ask the school nurse or a parent who is a health professional to speak to students about ways to prevent the spread of communicable diseases at school and about rules (policies) related to communicable diseases.

RESOURCES & MATERIALS

Teacher Tip

Even though we do things to try and stay healthy, we have to realize that there may be times when we are sick for a short while or are around others who are sick. Since some germs can be passed from person to person, we should all be aware of things we can do to prevent passing germs. Understanding how diseases are passed will help us with ideas about how to *prevent* the passing of a disease to another person.

Chalkboard or overhead projector and transparency

Book suggestion:
Germs! Dorothy Hinshaw Patent, Holiday House, NY, 1983

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

LESSON OBJECTIVES

I.B-8. Describe symptoms of some communicable diseases.
III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults.

*ASSESSMENT CRITERION

Recognize that an HIV-infected person may appear healthy.

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask students if they have seen people with AIDS on television. For those who have, ask them to describe what these people look like.

Emphasize that a person who is infected with HIV may look healthy and not sick. Explain that the virus gets inside certain body cells and keep those cells from doing their job. When the cells can no longer do their job, they can no longer help the body fight off disease. The person may then get sick with diseases that another person without HIV can fight off. Sometimes a person may have the HIV infection for many years and not even know it. He or she may look healthy, not sick. Even though that person isn't sick, he or she can still transmit HIV to another person.

It is important for students to know that HIV is not spread through casual contact but through sharing of certain body fluids. This is especially important if HIV-infected persons are known to be in the school.

Define *casual* contact as contact associated with just being friends with that person; going to school with him or her; playing, eating, swimming, studying, etc. with him or her; touching, hugging, helping, etc.

To conclude the lesson ask the students to turn to the student on their left and tell them something new they learned today about people who are HIV-infected.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcome of actions based on experience or data.

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Analyze and practice decision-making skills.

ACTIVITIES & STRATEGIES

Discuss with the students the fact that each decision will have consequences. Discuss the consequences of each decision.

Ask the students to complete the worksheet, "What Would You Do If."
Lead discussion after worksheet is completed.

RESOURCES & MATERIALS

Worksheet: "What Would You Do If"

ESSENTIAL ELEMENT

Science. The use of skills in drawing logical inferences, predicting outcomes, and forming generalized statements. The student shall be provided opportunities to predict the outcome of an action.

NAME ______________________ DATE ______________

What Would You Do If

1. The crossing guard was not at the corner when you arrived.

Choices: 1. ______________________

2. ______________________

3. ______________________

Consequences: 1. ______________________

2. ______________________

3. ______________________

Decision: ______________________

2. The girl in front of you accidentally dropped her new gold pen. She was not aware of it. You are the only one around.

Choices: 1. ______________________

2. ______________________

3. ______________________

Consequences: 1. ______________________

2. ______________________

3. ______________________

Decision: ______________________

3. You stayed overnight at your friend's house. His parents are having a party. You go into the kitchen with your friend for cookies and milk. There are three glasses of unfinished drinks containing liquor on the counter. Your friend wants you to finish the drinks with him.

Choices: 1. ______________________

2. ______________________

3. ______________________

Consequences: 1. ______________________

2. ______________________

3. ______________________

Decision: ______________________

4. Your friends want you to try smoking a cigarette with the group. You really want to try it.

Choices: 1. ______________________________

2. ______________________________

3. ______________________________

Consequences: 1. ______________________________

2. ______________________________

3. ______________________________

Decision: ______________________________

5. You have a bad headache. You are alone in the house. There is a bottle of pills in the cabinet that mother uses for her headaches.

Choices: 1. ______________________________

2. ______________________________

3. ______________________________

Consequences: 1. ______________________________

2. ______________________________

3. ______________________________

Decision: ______________________________

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

Examine components that need to be considered in looking at a problem.

ASSESSMENT CRITERION

Describe the process involved in arriving at a decision and the consequences recognized.

ACTIVITIES & STRATEGIES

Have the class:
Choose a problem to explore as a group.
Examples:

- getting up late for school
- losing a library book
- your best friend just moved away
- a student in a higher grade is bothering you

List some of the consequences that may result from these problems. List solutions.

Discuss sources of help in coping with these problems.

Have each child make his or her own decision concerning the problem to add to the list.

Take a poll to see how many different solutions there are to the same problem.

Discuss with the students the fact that each decision will have consequences. Discuss the consequences of each decision. Ask if each child is willing to accept them? Encourage the children to monitor the solutions they have chosen over a period of time. Recording solutions daily in a journal is an effective method. If they are not satisfied with the results, encourage them to try another solution.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Science. The use of skills in drawing logical inference, predicting outcome and forming generalized statements. The student shall be provided opportunities to predict the out come of an action.

Science **Grade 3**

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-5. Dispel myths and misinformation concerning some communicable diseases.
III.A-1. Access factual information on some communicable diseases.

ASSESSMENT CRITERION

Tell age-appropriate facts about HIV/AIDS.

ACTIVITIES & STRATEGIES

Use a teachable moment to help students understand about HIV/AIDS—i.e., when the topic is mentioned, when students tease someone about having AIDS, etc.

Ask: "Let's talk about what we know about AIDS." What are some things you have heard?" Ask the students to anonymously write a reply on a piece of paper. Then crumple the paper and toss it into a container. Pass the container around the classroom. Have each student pick a piece of paper and read the reply to the class. Write responses on the chalkboard or overhead.

Appropriate facts to emphasize are:

- AIDS is a serious disease—people die of AIDS because we don't have a cure or a vaccine.
- AIDS is a disease of grown-ups and teenagers—very few children have AIDS.
- The few children who have AIDS are little babies who got AIDS from their mothers who have AIDS.
- Years ago, some children got AIDS from blood transfusions. Now in our country blood is tested so it is safer.
- Grown ups and teenagers are being told how to avoid getting AIDS.
- Everyone should avoid touching needles, sharp instruments, and fresh blood because of the possibility of infected blood.
- People do not get AIDS through casual contact. Casual contact means touching, hugging, sitting together in class and the lunchroom, playing together in gym, swimming together, etc. You do not get AIDS from these activities.
- People with AIDS need our help and support.

Return to the list of responses the students gave earlier. Examine, discuss, and correct each response.

Ask the students if they have any other questions. Suggest they also talk to their parents about AIDS.

Option:
This would be an appropriate time to send a letter to parents about HIV/AIDS information.

*Do not differentiate between HIV and AIDS for this age student.

RESOURCES & MATERIALS

Chalkboard, overhead projector and transparency, container for paper

See Appendix I for Parent Letter

ESSENTIAL ELEMENT

Science. Communicate data and information in appropriate oral and written form. The student shall be provided opportunities to obtain science information from varied resources.

Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-1. Define and practice self-responsibility in areas of living and wellness appropriate to age.

ASSESSMENT CRITERION

Define *self-responsibility* and apply it to daily decision-making strategies.

ACTIVITIES & STRATEGIES

Introduce the idea of *deciding* to the class by talking about the many things in daily life about which decisions must be made. Include the idea that some decisions such the decision where we will live are made for us. Some decisions we make for ourselves. For example, we may decide when to get up, set the alarm clock, and get up by ourselves, instead of relying on our parents calling us to get up in the morning.

Using the chart paper and a marker, make a chart form similar to that shown on the right. Talk about what children are like at the two earliest age groups. Discuss and note appropriate decisions that need to be made at these ages. Who makes the decisions—the child, the parent, the teacher, etc.?

The last group is the students' own age group. Ask the students: What kinds of things do you need to assume responsibility for now? Solicit answers such as:
- dressing appropriately for the weather
- choosing nourishing food
- avoiding the use of substances that are harmful to the body
- reading books
- limiting the amount of TV shows watched

Why can only you make and carry out these decisions? (Parents and teachers cannot always be with you, etc.)

Ask students to think of decisions that are difficult for them and include these on the chart.

Hold a discussion on how wise decisions are made. Include the following steps:
- Define the problem or issue clearly.
- Gather the needed information to make the decision knowledgeably.
- Consider all possible results and appropriate alternatives.
- Choose the best response.
- Carry out the decision in action.

Option:
Special needs students may role-play situations to better understand the concepts.

RESOURCES & MATERIALS

Chart paper, marker

Book suggestion:
Teach Your Child Decision Making: An Effective 8-Step Program for Parents to Teach Children to Solve Everyday Problems and Make Sound Decisions by John F. Clabby and Maurice J. Elias, Doubleday, Garden City, NY, 1986

Decisions of ages 1-3	Made by
Decisions of ages 4-6	Made by
Decisions of ages 7-9	Made by

ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to describe how individuals and families change over time.

Self-Responsibility

Read the following situation to the class:

John has three pages of math homework to finish, and he knows his family is going to a movie tonight. His friend Bill wants him to ride bikes this afternoon and help build a new fort.

Discuss alternatives to John's problem and the probable consequences of each solution. What other people might become involved?

Example:
- John tells Bill he won't ride bikes.
  Bill gets mad.
- He decides to skip the homework.
  He gets in trouble at school.
  Mother finds out he didn't do it and won't let him go to the movie.
- He explains his problem to Bill and finishes his homework.
  He gets to go to the movie.
  Bill decides to wait until tomorrow to start building the fort.

Other discussion questions:
What would you do if...
- you came home and found the front door open
- your ball rolled into the street
- you finished riding your bike
- you found broken glass outside
- you wanted to cross the street and cars were parked along the curb
- you found some medicine lying around
- you found some cleaning solution and you had nothing to do
- your friend wanted you to puff on a cigarette

Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Identify people who can influence the lives of students.

ACTIVITIES & STRATEGIES

Tell students, "Raise your hand if you have made a decision today." Ask the students who raised their hands to share what decisions they made. Tell students that keeping their bodies well often depends on the decisions or choices they make.

We make decisions every day. Some decisions we make on our own, and some are made for us by others.

Hand out the worksheet, "Influences," to be completed during discussion.

Discuss some people and things that influence decisions. Record these on the chalkboard or an overhead transparency. For example:
- parents
- friends
- teachers
- coaches
- TV
- radio
- books
- church or synagogue

Have students complete the worksheet, "Influences," by filling in the people or things that influence their lives. Discuss daily influences on children's lives.

As a take-home assignment, have students create collages by placing pictures and words around the people and things that were written on the worksheets. Have students discuss their collages with the class.

RESOURCES & MATERIALS

Film suggestion:
The Story of Me — An Early Start to Good Health

Worksheet: "Influences"

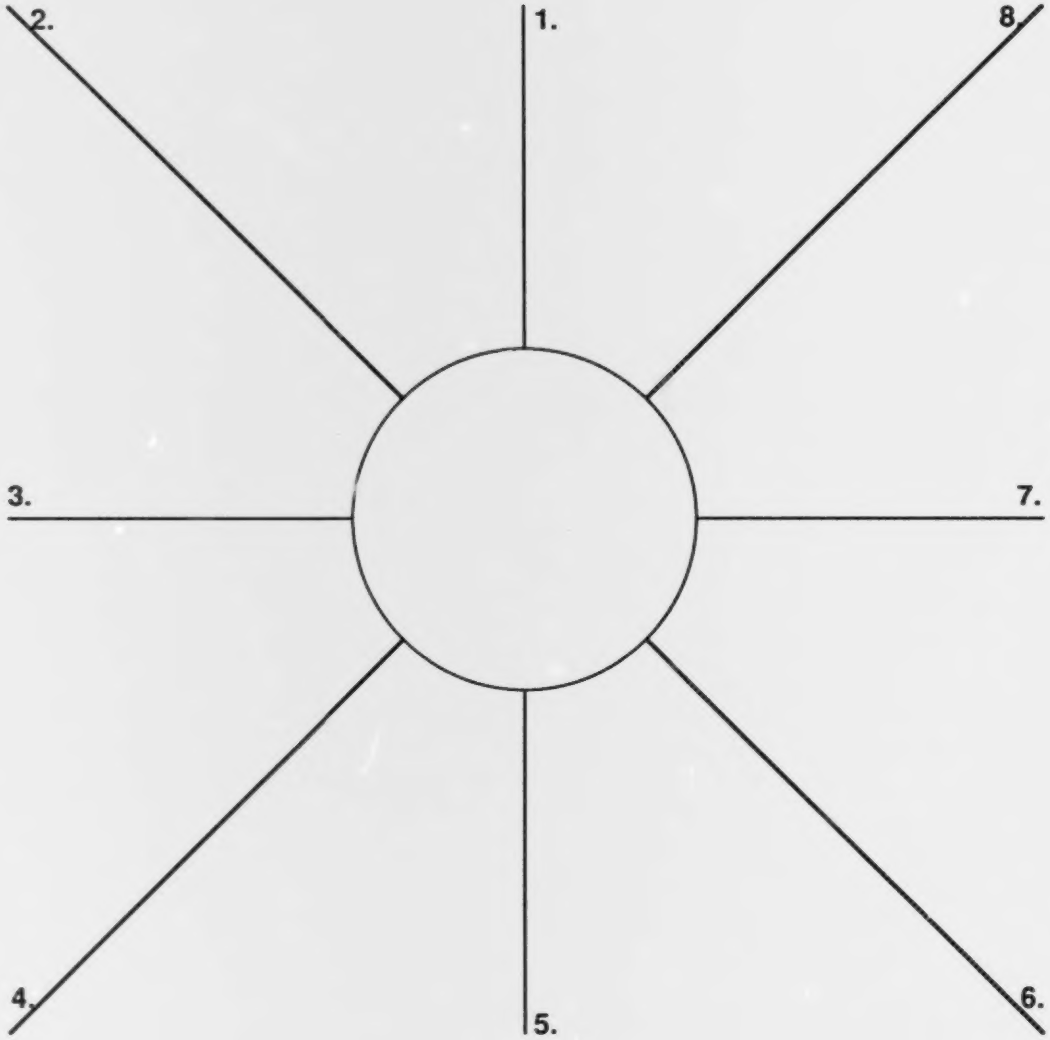
Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to describe how individuals and families change over time.

NAME______________________________ DATE____________________

Influences



Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.
II.A-2. Examine the consequences of risky behaviors.

ASSESSMENT CRITERION

Demonstrate effective use of decision-making skills in risk-taking situations.

ACTIVITIES & STRATEGIES

Explain that this is a lesson on decision making. Discuss the decision-making process.

Ask students, "What can you do when someone dares you to do something unsafe?" Write ideas such as the following on the chalkboard or an overhead transparency:

- refuse to do it
- suggest you do something else
- ask an adult for help or advice
- stop playing with the person who dares you

Choose a problem to be solved as a class and have students help solve it together.

On a big piece of butcher paper:
Write the problem at the top. Explain the problem to the class. Explain to the class that there are many solutions to this problem.
Ask students for different solutions. List them on the paper. Every solution is accepted. (Refer to the classroom rules.) Discuss each solution with the students. For each solution ask, "What could happen?" Place a mark next to alternatives for which there are negative consequences. Have students choose one of the alternatives. Circle the choice the class makes. If the chosen solution can be put into action immediately, do so. If not, explain to the class when, where, and how the solution can be implemented.

Ask students:

- How do you feel about the choice the class made?
- Sometimes when a group makes a decision, it isn't the same choice as what you wanted. What do you do in this case?
- What are some things that should be decided by a group?
- What are some things that you should decide by yourself?
- How do you feel when someone dares you to do something?

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Butcher paper, marker

ACTIVITIES & STRATEGIES, CONT.

Explain to the class that each day we all have problems (ask for examples). There are many ways to solve problems. The problems do not have to be solved alone; we can help each other make choices and solve problems. We can ask parents and other important adults for help.

Suggestions:

- If you could make one school rule, it would be...
- Some students start fighting on the way to school. How can we solve this problem?
- Gym class has to be held inside because of rain. What activities can we do in the classroom?
- A field trip is being planned to go to a local place of interest. What do we need to take with us? What special clothing do we need to wear?
- What would you do if your friend found 10 dollars?
- If I could stay up all night, I would...

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to understand that individuals have the right to hold differing viewpoints.

Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.C-1. Develop and practice effective peer skills.
III.C-4. Develop and practice effective communication skills.

ASSESSMENT CRITERION

Identify and practice skills to deal with peer pressure.

ACTIVITIES & STRATEGIES

On each day of the week, give the students a *story starter.* At the end of the week, each student will have a five-paragraph story that he or she can title. To add a finishing touch, the students can illustrate their stories.

Using the overhead projector, write a story starter.
For example:

- It's okay to tell your friends that you don't like…
- If someone teases me, I …
- I usually tell people how I feel when …
- When I don't agree with someone, I …
- If my friends ask me to do something I think is wrong, I will…

Divide the class into partners. Have one partner read his or her story to the other partners and discuss possible changes to the story.

Option:
Collect and bind individual stories into booklets. Give a copy to each student and the school library .

RESOURCES & MATERIALS

Overhead projector and transparency

Crayons, construction paper, staples, rings, and markers

Book suggestion:
It's OK To Say No, Robin Lenett, Tom Doherty, 1985

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic irresponsibilities. The student shall be provided opportunities to understand that individuals have the right to hold differing viewpoints.

Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-6. Develop effective study and work skills.

ASSESSMENT CRITERION

Report to the class on an interview with a grandparent (or other older person).

ACTIVITIES & STRATEGIES

An effective way for young students to do research is for the teacher to structure the source, recording and presentation format. This activity involves research into the childhoods of grandparents or other older relatives. Learning about one's heritage and cultural background can help students be proud of their families. It is extremely important for the teacher to value and respond favorably to the places, languages, foods, activities, etc. the students will mention in this activity.

Give the worksheet, "The Way It Was," to each student; explain the activity. Talk about who they can interview. Ask students to check with their parents about whom to interview. Assign a day for students to share their interview results.

RESOURCES & MATERIALS

Worksheet: "The Way It Was"

Teacher Tip

If grandparents are not available, help each student identify an older person to interview. Write a note to the parent if the parent needs to help with identification and access to an older person.

ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to describe how individuals and families change over time.

NAME________________________ DATE________________

THE WAY IT WAS

Some things have changed and some haven't.

Talk to your grandparent (older relative or older family friend) about his or her activities as a child. Ask about:

- games played
- where he or she went to school
- chores he or she had at home
- favorite food
- name of a best friend
- favorite place to go
- favorite family activity

________________________ ________________________

Parent Signature Person Interviewed

ESR III

Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-3. Develop and use skills for coping with change, success, and failure.

ASSESSMENT CRITERION

Identify healthy reactions to change, success, and failure.

ACTIVITIES & STRATEGIES

Ask students if some of them have ever moved to a new neighborhood or a new town. Discuss what was anxiety producing (scary) about the move. What were some ways to alleviate that anxiety. What was good about the new place, etc. Emphasize that moving was a chance to meet new friends. Write *Friends* on the chalkboard.

Organize the class into small groups. Ask the groups to talk about and list, 1. ways to make new friends, and 2. how to be a good friend. Record the comments on the worksheet, "Friends." Ask each group to designate one student to report to the class.

Option:
If students are moving to another building, structure this lesson around these new challenges near end of school year.

RESOURCES & MATERIALS

Chalkboard

Worksheet: "Friends"

Teacher Tip

Be familiar with groups (in the school and in the community) that students can join to encourage the development of personal skills and interaction with new friends.

ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to describe how individuals and families change over time.

NAME______________________________ DATE____________________

FRIENDS

Ways To Make New Friends

How To Be A Good Friend

Social Studies Grade 3

3

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-2. Set and pursue appropriate short-term goals.

ASSESSMENT CRITERION

Identify and pursue an individual, short-term health goal.

ACTIVITIES & STRATEGIES

Write the word *goal* on the chalkboard or overhead transparency; ask students to define the word. Acknowledge all definitions; tell students that today the definitions is *a result we want to work toward*. Write *personal* in front of *goal*. Tell students we will each work on a personal goal. (Teacher, too?)

Ask: "What kind of personal goals have you heard about?" (Goals involving school work, sports, friends, behavior, health habits, family/home, etc.) "Today we are going to work on good health goals."

Organize class into groups of four or five. Have groups help each member write personal goals (a minimum of three) that can be attained within a week. (Goals can relate to mental health, good health habits, physical fitness, a balanced diet, eating breakfast, etc.) Allow each group a few minutes to check on each other's goals at midweek. At the close of the week, have a group reporter tell the total class what the goals of his or her group members were and if they each reached their goals.

Closure: "Another short-term goal I would like to work on is..."

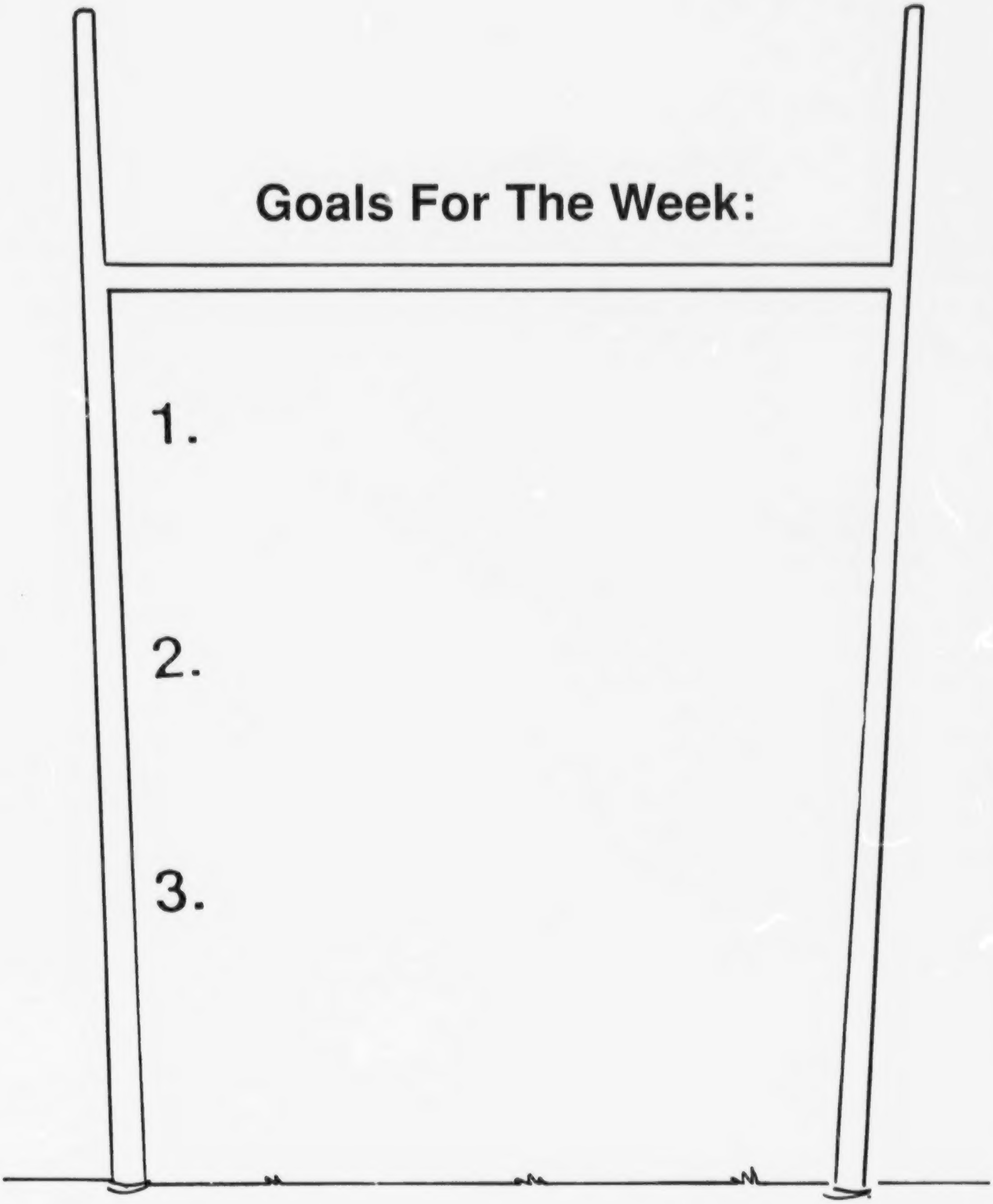
RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Worksheet: "Goals for the Week"

ESSENTIAL ELEMENT

Social studies. Psychological, sociological, and cultural factors affecting human behavior. The student shall be provided opportunities to describe how individuals and families cnange over time.



Goals For The Week:

1.

2.

3.

NOTES

NOTES

Education
for
Self-Responsibility III:

PREVENTION
OF
HIV/AIDS

APPENDICES

TEXAS EDUCATION AGENCY

ESR III

Healthy People 2000: National Health Promotion and Disease Prevention Objectives and Healthy Schools*

Healthy People 2000: Objectives Related to Schools

Introduction

Healthy People 2000: National Health Promotion and Disease Prevention Objectives,[1] released in September 1990, offers a vision for the new century, characterized by significant reductions in preventable death and disability, enhanced quality of life, and greatly reduced disparities in the health status of populations within our society. *Healthy People 2000* does not reflect the policies or opinions of any one individual or any one organization, including the federal government. It is the product of a national effort, involving professionals and citizens, private organizations and public agencies from every part of the country. It is deliberately comprehensive in addressing health promotion and disease prevention opportunities to allow local communities and states to choose from among its recommendations to address their own highest priority needs.

Schools offer the most systematic and efficient means available to improve the health of youth and enable young people to avoid health risks. They provide an avenue for reaching more than 46 million students each year, as well as over five million instructional and noninstructional staff. The American Public Health Association noted that the school, as a social structure, provides an educational setting in which the total health of the child during the impressionable years is a priority concern. No other community setting even approximates the magnitude of the grades K-12 school education enterprise...Thus, it seems that the school should be regarded as a...focal point to which health planning for all other community settings should relate.[2]

Planned and sequential quality school health education programs help young people at each appropriate grade to develop increasingly complex knowledge and skills they will need to avoid important health risks, and to maintain their own health, the health of the families for which they will become responsible, and the health of communities in which they will reside.

Other aspects of the school environment also are important to school health. State and local health departments, business and industry, organizations, parents, and other community resources can work with schools to provide a multidimensional program of school health that may include school health education; school-linked or school-based health services designed to prevent, detect, and address health problems; a healthy and safe school environment; physical education; healthful school food service selections; psychological assessment and counseling to promote child development and emotional health; school site health promotion for faculty and staff; and integrated school and community health promotion efforts.

The following objectives were selected from the 300 objectives found in *Healthy People 2000*. They are arranged in two categories following a model used by Kolbe and Iverson[3] in reviewing the 1990 health objectives. The first category includes objectives whose achievement depends directly on the existence of school health programs. These objectives are organized under the eight components of a multidimensional school health program. The second category includes objectives which can be influenced in important ways by schools. In the latter instance, school health programs can contribute to achieving these objectives, but other actions taken home and in the community also may have a significant effect on achieving these objectives. This group includes objectives related to worksite health promotion, which are relevant to the school as a worksite for faculty and staff, and objectives related to primary health care providers, which are relevant for school nurses and other providers of health care in the school setting. The remaining objectives in this category are organized under the 22 priority areas found in *Healthy People 2000*.

By the year 2000, many students currently passing through the educational system will have reached adulthood; for this reason, and because of health programs for faculty and staff and integrated school and community health promotion efforts, school health programs will have far-reaching effects on many more objectives related primarily to adults. Those interested in the objectives should consult the complete *Healthy People 2000* volume, which contains the full set of 300 national health promotion and disease prevention objectives for the year 2000, as well as important background information and commentary which elaborates on each objective.

References

1. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.* Washington, DC: U.S. Public Health Service; 1990.
2. American Public Health Association. Resolutions and Position Papers: Education for Health in the Community Setting. *Am. J. Public Health.* 1975:65(2):201.
3. Kolbe L., Iverson D. Evolution of the national disease prevention and health promotion strategy: Establishing a role for the schools. *J. Sch Health.* 1983:53(5):294-302.

18.10 Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12 grade, preferably as part of quality school health education. (Baseline: 66 percent of school districts required HIV education but only 5 percent required HIV education in each year for 7th through 12th grade in 1989)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

AIDS information and education programs have increased public knowledge and influenced attitudes about HIV and AIDS. However, some misinformation still persists at all levels of society. The first step toward reducing high-risk behaviors is for people to be able to use information about how HIV is transmitted to assess their own risk of becoming infected. Only when people know that they are at risk will they change their behavior.

Although intensive education has reduced high-risk sexual and drug abuse behaviors among some people, there is an urgent need to continue this trend and to ensure that low-risk behaviors are sustained. The public is generally aware of the linkage between intravenous drug abuse and HIV infection and of the risk for the spread of HIV infection from intravenous drug abusers to their sexual partners and children. Less well known is the risk of HIV infection among crack cocaine abusers, caused in part by the practice of exchanging sex for crack cocaine.

It is important to maintain and expand awareness for several reasons. First, educating children in school is a means of reaching the family members and sexual partners of intravenous drug abusers and crack cocaine abusers and crack cocaine abusers who are often difficult to contact through more focused outreach. Second, sexually active people should consider the possible drug-using practices of their current and potential sexual partners.

As of January 1990, only 29 states had policies regarding HIV/AIDS education; most of those States favored beginning such education before children reach the age of puberty, usually by 6th grade. Ideally, HIV education would reach children before they develop patterns of high-risk sexual activity and drug abuse. School-and college-age youth, especially those in areas of high HIV incidence, should be a primary target of prevention education. To be effective, such training must be direct and unambiguous. In addition to information about transmission, HIV curricula should include training in the social and personal skills students need to resist peer pressure to participate in unhealthy sexual activity and drug abuse. For example, an effective curriculum might include the components recommended in the Centers for Disease Control's *Guidelines for Effective School Health Education to Prevent the Spread of AIDS.* Special efforts will be needed to reach students who have special education needs. Optimally, HIV education should be provided as part of quality school health education. For a definition of quality school health education, see *Educational and Community-Based Programs.*

19.12 Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education. (Baseline: 95 percent of schools reported offering at least one class on sexually transmitted diseases as part of their standard curricula in 1988)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Awareness of the risks of sexual behavior and of sexually transmitted diseases is particularly crucial for adolescents. Through school-based education on family life and human sexuality, youth can be offered the knowledge and skills they need to reduce their risk of contracting sexually transmitted diseases. Because of emphasis deriving from the HIV epidemic, students are relatively well informed about prevention of HIV transmission, but are less knowledgeable about the symptoms of other sexually transmitted diseases. Programs should be modified to include sexually transmitted diseases as part of a total health education package. In addition, school curricula must build on the foundation of increased knowledge by including behaviorally based instruction (e.g., role-playing) to develop skills in improving safer sexual behaviors. Optimally, sexually transmitted disease education should be provided as part of quality school health education. For a definition of quality school health education, see *Educational and Community-Based Programs.*

As messages about safer sexual behaviors have become more common, emphasis has also been placed on increasing the variety and specificity of these messages to reach different cultural and ethnic groups in more effective ways. HIV prevention messages should be expanded to include symptoms of other sexually transmitted diseases and services for diagnosing/treating them. The effect of these messages on adolescent behavior should be assessed so that the most successful messages can be more broadly distributed.

HIV Infection

18.1 Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases. (Baseline: An estimated 44,000 to 50,000 diagnosed cases in 1989)

Special Population Targets

	Diagnosed AIDS Cases	*1989 Baseline*	*2000 Target*
18.1a	Gay and bisexual men	26,000-28,000	48,000
18.1b	Blacks	14,000-15,000	37,000
18.1c	Hispanics	7,000 - 8,000	18,000

Note: Targets for this objective are equal to upper bound estimates of the incidence of diagnosed AIDS cases projected for 1993.

18.2 Confine the prevalence of HIV infection to no more than 800 per 100,000 people. (Baseline: An estimated 400 per 100,000 in 1989)

Special Population Targets

	Estimated Prevalence of HIV Infection (per 100,000)	*1989 Baseline*	*2000 Target*
18.2a	Homosexual men	2,000-42,000*	20,000
18.2b	Intravenous drug abusers	30,000-40,000**	40,000
18.2c	Women giving birth to live-born infants	150	100

** Per 100,000 homosexual men aged 15 through 24 based on men tested in selected sexually transmitted disease clinics in unlinked surveys; most studies find HIV prevalence of between 2,000 and 21,000 per 100,000*

*** Per 100,000 intravenous drug abusers aged 15 through 24 in the New York city vicinity; in areas other than major metropolitan centers, infection rates in people entering selected drug treatment programs tested in unlinked surveys are often under 500 per 100,000*

18.4 Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
18.4a	Sexually active young women aged 15-19 (by their partners)	26%	60%
18.4b	Sexually active young men aged 15-19	57%	75%
18.4c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Sexually Transmitted Diseases

19.1 Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989)

Special Population Targets

	Gonorrhea Incidence (per 100,000)	*1989 Baseline*	*2000 Target*
19.1a	Blacks	1,990	1,300
19.1b	Adolescents aged 15-19	1,123	750
19.1c	Women aged 15-44	501	290

19.2 Reduce *Chlamydia trachomatis infections*, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000 people. (Baseline: 215 per 100,000 in 1988)

19.3 Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000 people. (Baseline: 18.1 per 100,000 in 1989)

Special Population Target

	Primary and Secondary Syphilis Incidence	*1989 Baseline*	*2000 Target*
19.3a	Blacks	118	65

19.4 Reduce congenital syphilis to an incidence of no more than 50 cases per 100,000 live births. (Baseline: 100 per 100,000 live births in 1989)

19.5 Reduce genital herpes and genital warts, as measured by a reduction to 142,000 and 385,000, respectively, in the annual number of first-time consultations with a physician for the conditions. (Baseline: 167,000 and 451,000 in 1988)

19.6 Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalizations for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44. (Baseline: 311 per 100,000 in 1988)

19.10* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
19.10a	Sexually active young women aged 15-19 (by their partners)	25%	60%
19.10b	Sexually active young men aged 15-19	57%	75%
19.10c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Immunization and Infectious Diseases

20.1 Reduce indigenous cases of vaccine-preventable diseases as follows:

Disease	*1988 Baseline*	*2000 Target*
Diphtheria among people aged 25 and younger	1	0
Tetanus among people aged 25 and younger	3	0
Polio (wild-type virus)	0	0
Measles	3,058	0
Rubella	225	0
Congenital Rubella Syndrome	6	0
Mumps	4,866	500
Pertussis	3,450	1,000

20.8 Reduce infectious diarrhea by at least 25 percent among children in licensed child care centers and children in programs that provide an Individualized Education Program (IEP) or Individualized Health Plan (IHP). (Baseline data available in 1992)

20.13 Expand immunization laws for schools, preschools, and day care settings to all states for all antigens. (Baseline: 9 states and the District of Columbia in 1990)

Currently all 50 states and the District of Columbia have immunization laws or requirements for students in some or all grades from kindergarten through grade 12 and children attending licensed day care facilities. In general, the number of antigens required by day care and public school laws are quite similar. In recent years, there has been a marked increase in the number of states strengthening their existing immunization laws by adding new vaccine requirements and expanding coverage into the day care area.

20.14 Increase to at least 90 percent in proportion of primary care providers who provide information and counseling about immunizations and offer immunizations as appropriate for their patients. (Baseline data available in 1992)

Clinical Preventive Services

21.2 Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Task Force. (Baseline data available in 1991)

Special Population Targets

	Receipt of Recommended Services	*Baseline*	*2000 Target*
21.2a	Infants up to 24 months	—	90%
21.2b	Children aged 2-12	—	80%
21.2c	Adolescents aged 13-18	—	50%
21.2d	Adults aged 19-39	—	40%
21.2e	Adults aged 40-64	—	40%

21.2f	Adults aged 65 and older	—	40%
21.2g	Low-income people	—	50%
21.2h	Blacks	—	50%
21.2i	Hispanics	—	50%
21.2j	Asians/Pacific Islanders	—	50%
21.2k	American Indians/Alaska Natives	—	70%
21.2l	People with disabilities	—	80%

21.6 Increase to at least 50 percent the proportion of primary care providers who provide their patients with the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

Adapted from the 'adaption of *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (DHHS Pub. No. (PHS) 91-50212. *J. Sch. Health.* 1991:61 (7): 298-299, 305-306, 326-328.

Glossary of Terms

The targeted audience for these terms is educators. It is *not* recommended to use these terms as a spelling list for the student.

Abstinence
Voluntarily refraining from something. Not participating in or indulging in something.

Acquired
Not inherited; to come to have a new characteristic by unspecified means

AIDS
Acquired Immune Deficiency Syndrome. A viral disease which dangers the body's immune system, making the infected person susceptible to a wide range of serious diseases. Until 1992, AIDS was scientifically identified by the appearance of one or more opportunistic disease in an HIV positive individual. In April 1992, the Centers for Disease Control expanded this definition to include any HIV positive individual with a T-cell count less than 200.

Anal Intercourse
Insertion of the penis into a partner's rectum; one of the high-risk behaviors for the transmission of HIV and many other STDs.

Antibody
A molecule produced by the immune system of the body in response to an antigen and which has the particular property of combining specifically with the antigen that induced its formation.

Antigen
A foreign molecule or substance, which when introduced into the blood is capable of inducing the formation of antibodies.

Anus
The opening of the rectum to the outside of the body.

Asymptomatic
Without symptoms; having no feeling of ill health.

AZT
Azidothymidine, tradename Retrovir, a drug which acts to reduce symptoms and prolong the life of AIDS patient.

B cells
Lymphocytes that produce antibodies against microbes and foreign substances.

Bacteria
Microorganisms (germs), some of which can cause disease.

Bisexual
Sexual attraction and interest directed toward both females and males.

Blood Donor
A person who gives blood to be stored and used for a transfusion.

Blood Transfusion
A medical procedure where blood from a donor or blood bank is inserted into a patient's body through a tube or needle inserted into a vein of the patient.
Casual contact — the kind of everyday touching between people that happens in families, at school, and at social events. (See Casual Transmission.)

Body Fluids
Any liquid material produced by the body; in AIDS patients, the virus has been isolated in blood, semen, vaginal secretions, tears, saliva, perspiration, and urine. Only blood, semen and vaginal secretions have definitely been demonstrated to transmit HIV.

Candidiasis (Thrush)
A fungal infection of the mouth, throat, esophagus, and even the entire gastrointestinal system, frequently seen in AIDS patients.

Carrier
A person that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection. The carrier state may exist in an individual with an infection that is inapparent throughout its course (commonly known as aymptomatic carrier).

Casual transmission
Transmission of disease through casual contact. Colds and flu are often casually transmitted. The HIV virus is not transmitted casually.

CD4
A characteristic antigen on the surface of helper T cells. CD is acronym for cluster of differentiation.

CDC
The Centers for Disease Control, a federal agency based in Atlanta, Georgia, that studies and monitors the incidence and prevalence of disease in the U. S., and also provides health and safety guidelines for the prevention of disease.

Chlamydia (Cla•mid•ia)
A microorganism that causes a variety of diseases including nongonococcal urethritus and PID.

Civil Rights
Those legal rights guaranteed to the individual in the United States by the Bill of Rights and several later amendments to the U. S. Constitution. Usually means fair treatment under the law.

Communicable Disease
A disease which can be transmitted directly or indirectly from one person to another.

Commitment
A pledge to do something. An agreement one is bound to fulfill.

Compassion
Sympathetic concerns and understanding for another.

Condom
Also called rubbers or prophylactics. A sheath used to cover the penis before and during intercourse to prevent pregnancy and the transmission of sexual diseases through the semen. Latex condoms are effective in preventing the transmission of the AIDS virus.

Confidentiality
The right of individuals to have information about themselves kept only with the appropriate authorities or agencies.

Congenital
Refers to conditions that are present at birth.

Contact Tracing
A system of attempting to construct the spread of an infectious disease by tracing back to the person who infected the patient, then questioning them to see who infected them, and so on back.

Coping
To contend with or deal with a problem.

Cytomega Lovrius
The most common viral infection found in AIDS patients, characterized by infection of many parts of the body especially liver, lungs, and colon. It may manifest itself as hepatitis, pneumonia, colitis, adrenalitis, encephalitis, and other symptoms.

ddI
Didanosine, the second antiretroviral drug approved by the Food and Drug Administration; first was AZT.

Dementia
A general designation for mental deterioration.

Diagnosis
The act of identifying a disease from its signs and symptoms; as investigation or analysis of the cause of a condition or problem.

Dignity
Self respect, having a degree of worth.

Disease
A particular destructive process in an organ or organism with a specific cause and characteristic symptom; an illness.

Discrimination
Showing of partiality or prejudice in treatment of another.

ELISA (E•LI•ZHA)
Acronym for "enzyme-linked immunosorbent assay," a blood test used to detect antibodies against HIV.

Empathy
Ability to share and understand another's emotions or feelings.

Epidemic
A wide spread or prevalent disease, especially the rapid spreading of such a disease.

Epidemiology
Study of the relationships of the various factors determining the frequency and distribution of diseases in a human environment.

Ethical
Based on moral judgments or standards.

Etiology
Study of the factors that cause disease.

Fact
What has actually happened or that is actually true.

Fidelity
Being faithful to a partner by having no other sexual partners, being faithful to one's obligations or vows.

Flagyl
Brand name of the medication used for trichomoniasis and amebiasis.

Fluorescent Treponemal Antibody (FTA)
Blood test for syphilis.

Fungus
A kind of germ related to the plant family.

Genitals (Genitalia)
The external reproductive organs.

Germ
A virus, bacterium, yeast, or fungus that can cause disease.

Gonorrhea
A sexually transmitted disease spread by a variety of sexual acts, manifesting itself with painful urination and discharge.

Helper T-cell
A kind of white blood cell (lymphocyte) which plays a major role in the body's immune system to fight disease.

Hemophilia
An inherited disease caused by a deficiency in the ability to synthesize blood coagulation proteins (such as Factor VIII), and resulting in prolonged internal or external bleeding.

Hepatitis B
An infection of the liver caused by a virus and frequently transmitted through blood transfusions or through other exchange of bodily fluids.

Herpes Simplex
A sexually transmitted viral infection that causes ulcers in the genitals.

Heterosexual
Sexual attraction and interest directed toward the opposite sex.

High-risk Behavior
Personal actions that increase the likelihood of getting a disease or damaging one's health.

HIV
The accepted scientific name for the AIDS virus, in most common usage now. Stands for human immunodeficiency virus.

HIV Testing (Confirmatory)
Programs to provide a confirmatory test, principally the Western Blot, to individuals who have two positive ELISA results.

Homosexual
Sexual attraction and interest directed toward the same sex.

Hospice
Facility or program which provides palliative care, primarily medical relief of pain and symptom management, and support services to terminally ill people and grief and bereavement counseling for their families. These services can be provided either in a facility or the patient's home.

Host Cell
A healthy cell the materials of which are used by a virus for nutrients and reproduction.

IDU
injecting drug user, more accurate than IV drug user. IDU refers to those who inject nonintravenously as well as intravenously.

Immune System
A flexible but highly specific mechanism of the human body that kills microorganisms and the cells they infect, destroys malignant cells, and removes debris.

Immunity
Resistance to or protection against a specific infection or disease.

Immunology
The medical study of the immune system.

Incidence
The number of new cases of AIDS in a given time.

Incubation Period
A period of time in weeks, months or years, from the time an individual is infected with HIV to the time the disease becomes active and starts showing symptoms.

Information and Referral Line
Telephone programs to link individuals in need of information or referral for services with the appropriate agency and to provide immediate factual information to questions about HIV.

Inoculation
A method of giving a vaccine to produce immunity.

Intercourse
A type of sexual contact involving one of the following: (1) insertion of a man's penis into a woman' vagina, call "vaginal intercourse," (2) placement of the mouth on the genitals of another person, called "oral intercourse"; or (3) insertion of a man's penis into the anus of another person, called "anal intercourse."

Intravenous (IV)
In or into a vein, as an IV injection.

Kaposi's Sarcoma
(cap´•o-see's sar-co´-ma)
A cancer or tumor of the blood or lymphatic vessel cells. It is the most common opportunistic malignancy associated with the HIV infection.

Lesion
A visible wound, sore, or rash.

Lymphoma
Cancers of the lymphocytes especially those in lymph glands.

Lymphocytes
White blood cells that fight pathogens.

Maternal Transmission
The transmission of a disease from a woman to her child during pregnancy or breast feeding. HIV infection can be transmitted this way.

Monogamous
A committed relationship between two people in which neither partner becomes sexually involved with anyone else.

Morbidity
Frequency of disease occurrence in proportion to the population.

Mortality
Frequency of number of deaths in proportion to the population.

Noncommunicable disease
a disease that begins *inside* a person's body, is not passed from one person to another and is not caused by microbes. This category includes such diseases/ conditions as cancers, diabetes, heart disease, epilepsy, sickle cell anemia, asthma, allergies, bronchitis, etc.

Non-oxynol 9 (non-ox´•a•nol)
A spermicide which has also been shown to kill the AIDS virus in laboratory studies. Available in some sexual lubricants which can be used with condoms, non-oxynol 9 is not an effective AIDS prevention on its own. Concentrations of 5% or more are recommended.

Opinion
What one believes to be true, but not based on absolute knowledge.

Opportunistic Infection
An infection caused by an organism that rarely causes disease in people with normal immune systems but attacks immunosuppressed patients.

Oral Sex
Stimulation of one's genitals by the mouth of a sexual partner.

Pandemic
The occurence of a disease over a wide geographical area and affecting an exceptionally high proportion of the population.

Pathogen
A microorganism capable of producing disease.

Peer Pressure
The influence that persons of the same age try to make on another person's decisions; such pressure can be healthful or harmful.

Penis
The male sex organ, through which semen and urine pass.

Perinatal
Before birth, as in perinatal transmission of AIDS, when a fetus is infected with HIV even before he is born.

Placenta
The internal organ that develops in the uterus with pregnancy and through which the fetus absorbs oxygen and nutrients and excretes waste.

PLWA
Abbreviation for a person living with AIDS. This abbreviation is being used more frequently as drugs and other treatments are extending and enhancing the lives of persons with AIDS.

Pneumocystis Carinii
Pneumonia
(num•a•sis´•tis ca•ren´•e•eye)
Opportunistic infection most frequently diagnosed in patients with AIDS. Caused by a parasite commonly present in the normal population. Pneumocystis carinii infection is life-threatening in immunosuppressed patients.

Pneumonia
An infection of the lungs.

Prejudice
A belief prior to having full knowledge about something, an unfair bias about a person or an issue.

Prevalence
The degree to which (a disease) is wide spread, numbers of cases of occurrence.

Promiscuous
Having numerous sex partners.

Protozoan
Cellular or unicellular animals, some of which are serious parasites of man and animals.

PWA
Abbreviation for "person with AIDS." Many people with AIDS prefer this term to others like "AIDS victim," or "AIDS patient." They would rather see themselves as active participants in their treatment and healing, not helpless victims who passively wait to die.

Refusal Statement
Words that explain when a person declares that he or she does not want to do something.

Remission
Partial or complete disappearance of symptoms, often only temporary.

Responsible Decision
A decision that promotes your well-being or the well-being of others.

Respect
To feel or show appreciation for someone or something.

Retrovirus
One of a group of viruses that have RNA as their genetic code and have the ability to copy that RNA into DNA and incorporate it into an infected cell.

Reverse Transcriptase
An enzyme used by retroviruses to produce DNA.

Risk Behavior
A behavior that may threaten a person's health and increases the chances of becoming ill.

Risk Reduction Education
Programs to educate groups or individuals on methods of preventing the spread of HIV.

Semen
Secretion or fluid from male sexual organs which transport sperm during sexual activity.

Seropositive
In the case of AIDS, the condition of having AIDS virus antibodies found in the blood.

Seroprevalence
Prevalence based on blood serum tests.

Sexual Abstinence
Not having sex with another person.

Sexual Intercourse
Sexual union involving the penis with the vagina.

Slim Disease
A disease characterized by severe weight loss, body wasting and weakness, and is sometimes associated with chronic diarrhea and persistent coughing.

Spermicide
A substance capable of killing sperm.

STD
The initials for sexually transmitted disease which may be any of a number of diseases which can be transmitted through various forms of sexual contact. AIDS is a disease which is transmitted through sexual intercourse.

Surveillance
In public health terms, monitoring and collecting data on incidence of disease; counting the number of cases.

Symptomatic
Stage of a disease in which signs or symptoms are evident.

Syndrome
Pattern of symptoms and signs, appearing one by one or simultaneously that together characterize a particular disease or disorder.

Syphilis
A sexually transmitted disease that is characterized at first by the presence of a chancre in the genital area.

T-cell
Cell that matures in they thymus gland. T-lymphocytes are found primarily in the blood, lymph, and lymphoid organs. Subsets of T-cells have a variety of specialized functions within the immune system.

Transfusion
Medical transfer of blood of one person to another person.

Transmission
How a disease is spread from one person to another.

Transmit
To pass from one person to another.

Vaccination
The act of innoculating to produce immunity.

Vaccine
A preparation of living, dead or attenuated organisms innoculated into person to produce immunity.

Vagina
The tube that leads from a woman's uterus to the outside of the body. It is also called the birth canal.

Vaginal Secretions
Substances secreted or discharged from the vagina (mucous membrane).

Viron
A virus particle.

Virus
Submicroscopic organism capable of infecting plants, animals, and bacteria. It is characterized by dependence on specific host cells for reproduction and by the absence of independent metabolism.

Western Blot
Blood test which involves the identification of antibodies against specific protein molecules. This test is more specific that the ELISA test in detecting antibodies to HIV in blood samples. It is used as a confirmatory test for positive ELISA samples. The Western Blot requires more sophisticated lab technique than ELISA and is more expensive.

Yeast
A kind of fungus.

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Health Objectives for the Nation

Sexual Behavior Among High School Students — United States, 1990

Since the 1970s, sexually transmitted diseases (STDs) (including human immunodeficiency virus infection and acquired immunodeficiency syndrome), unintended pregnancies, and other problems that result from sexual activity have increased among adolescents in the United States (*1,2*). For example, approximately 1 million adolescent girls become pregnant each year (*1*) and 86% of all STDs occur among persons aged 15–29 years (*3*). This article presents self-reported data from 1990 about the prevalence of sexual intercourse, contraceptive use, condom use, and STDs among U.S. high school students.

The national school-based Youth Risk Behavior Survey is a component of CDC's Youth Risk Behavior Surveillance System that periodically measures the prevalence of priority health-risk behaviors among youth through comparable national, state, and local surveys (*4*). A three-stage sample design was used to obtain a representative sample of 11,631 students in grades 9–12 in the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. Students were asked if they had ever had sexual intercourse and if they had had sexual intercourse during the 3 months preceding the survey (i.e., currently sexually active). Students also were asked to identify the method, if any, they or their partner used to prevent pregnancy the last time they had sexual intercourse; if they had ever been told by a doctor or nurse that they had an STD; and if they or their partner used a condom to prevent STDs the last time they had sexual intercourse.

Of all students in grades 9–12, 54.2% reported ever having had sexual intercourse; 39.4% reported having had sexual intercourse during the 3 months preceding the survey (Table 1). Male students were significantly more likely than female students to ever have had sexual intercourse (60.8% and 48.0%, respectively) and to have had sexual intercourse during the 3 months preceding the survey (42.5% and 36.4%, respectively). Black students were significantly more likely than white or Hispanic students to ever have had sexual intercourse (72.3%, 51.6%, and 53.4%, respectively) and to have had sexual intercourse during the 3 months preceding the survey (53.9%, 38.0%, and 37.5%, respectively). The percentage of students ever having had sexual intercourse and having had sexual intercourse during the 3 months preceding the survey increased significantly by grade of student from 9th through 12th grade.

Among currently sexually active students, 77.7% of female and 77.8% of male students used contraception (birth control pills, condoms, withdrawal, or another method) during last sexual intercourse (Table 2). White female students (81.1%) were significantly more likely than black (71.4%) and Hispanic (62.6%) female students to have used contraception.

Four percent of all students reported having had an STD. Black students (8.4%) were significantly more likely to report having had an STD than white (3.1%) or Hispanic (3.5%) students. Among currently sexually active students, 49.4% of male students and 40.0% of female students reported that they or their partner used a condom during last sexual intercourse (Table 3).

Reported by: Div of Reproductive Health and Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

TABLE 1. Percentage of high school students reporting having had sexual intercourse,* by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1990†

	Ever had sexual intercourse					
	Female		Male		Total	
Category	%	(95% CI§)	%	(95% CI)	%	(95% CI)
Race/Ethnicity						
White	47.0	(±2.4)	56.4	(±4.5)	51.6	(±2.9)
Black	60.0	(±5.4)	87.8	(±2.4)	72.3	(±3.7)
Hispanic	45.0	(±5.5)	63.0	(±5.5)	53.4	(±4.7)
Grade						
9th	31.9	(±4.1)	48.7	(±5.7)	39.6	(±4.5)
10th	42.9	(±5.5)	52.5	(±6.9)	47.6	(±4.9)
11th	52.7	(±5.7)	62.6	(±6.3)	57.3	(±5.5)
12th	66.6	(±3.9)	76.3	(±4.1)	71.9	(±3.1)
Total	**48.0**	**(±2.7)**	**60.8**	**(±4.3)**	**54.2**	**(±2.9)**

	Sexual intercourse during the 3 months preceding the survey					
	Female		Male		Total	
Category	%	(95% CI)	%	(95% CI)	%	(95% CI)
Race/Ethnicity						
White	37.1	(±2.3)	39.0	(±3.9)	38.0	(±2.5)
Black	42.3	(±5.1)	68.1	(±5.1)	53.9	(±4.7)
Hispanic	31.4	(±4.6)	44.6	(±5.3)	37.5	(±3.7)
Grade						
9th	20.8	(±2.7)	29.1	(±3.3)	24.7	(±2.5)
10th	32.4	(±4.7)	36.4	(±6.1)	34.3	(±4.5)
11th	41.3	(±5.7)	45.1	(±5.7)	43.1	(±4.9)
12th	52.7	(±3.7)	56.9	(±5.5)	55.0	(±3.7)
Total	**36.4**	**(±2.1)**	**42.5**	**(±3.9)**	**39.4**	**(±2.7)**

*Ever and during the 3 months preceding the survey.
†Unweighted sample size = 11,631 students.
§Confidence interval.

TABLE 2. Percentage of high school students* reporting contraceptive† use at last sexual intercourse, by sex and race/ethnicity — United States, Youth Risk Behavior Survey, 1990§

	Female		Male		Total	
Race/Ethnicity	%	(95% CI¶)	%	(95% CI)	%	(95% CI)
White	81.1	(±2.7)	80.1	(±4.9)	80.6	(±3.1)
Black	71.4	(±6.7)	76.3	(±4.7)	74.3	(±4.3)
Hispanic	62.6	(±6.9)	69.1	(±5.9)	66.2	(±4.9)
Total	**77.7**	**(±2.5)**	**77.8**	**(±3.7)**	**77.7**	**(±2.5)**

*Among students reporting sexual intercourse during the 3 months preceding the survey.
†Contraceptive methods include birth control pills, condoms, withdrawal, or another method.
§Unweighted sample size = 11,631 students.
¶Confidence interval.

Editorial Note: National health objectives for the year 2000 include efforts to reduce the proportion of adolescents who have engaged in sexual intercourse to ≤15% by age 15 and ≤40% by age 17 (objectives 5.4, 18.3, and 19.9) and among sexually active, unmarried persons ≤19 years of age, increase to at least 90% the proportion who use contraception (objective 5.6) (*2*). To reach these objectives, the percentage of students who report ever having had sexual intercourse will have to be reduced substantially, and the percentage of sexually active students who use contraception will have to increase by 16%.

Two of the national health objectives are to increase the use of condoms to 60%–75% among sexually active, unmarried persons aged 15–19 years during last sexual intercourse (objectives 18.4a,b and 19.10a,b) (*2*). To reach these objectives, sexually active students must increase their use of condoms by 50%.

These changes in behavior will require interventions that integrate the efforts of parents, families, schools, religious organizations, health departments, community agencies, and the media. Education programs should provide adolescents with the knowledge, attitudes, and skills they need to refrain from sexual intercourse (*5*). For adolescents who are unwilling to refrain from sexual intercourse, programs should help to increase the use of contraceptives and condoms.

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TABLE 3. Percentage of high school students[*] reporting use of condoms during last sexual intercourse, by sex and race/ethnicity — United States, Youth Risk Behavior Survey, 1990[†]

	Female		**Male**		**Total**	
Race/Ethnicity	**%**	**(95% CI[§])**	**%**	**(95% CI)**	**%**	**(95% CI)**
White	41.7	(±3.3)	50.0	(±4.5)	45.9	(±3.1)
Black	36.7	(±7.8)	54.5	(±3.8)	47.1	(±4.9)
Hispanic	28.1	(±7.8)	46.8	(±6.5)	38.4	(±5.1)
Total	**40.0**	**(±3.0)**	**49.4**	**(±3.3)**	**44.9**	**(±2.5)**

[*] Among students reporting sexual intercourse during the 3 months preceding the survey.
[†] Unweighted sample size = 11,631 students.
[§] Confidence interval.

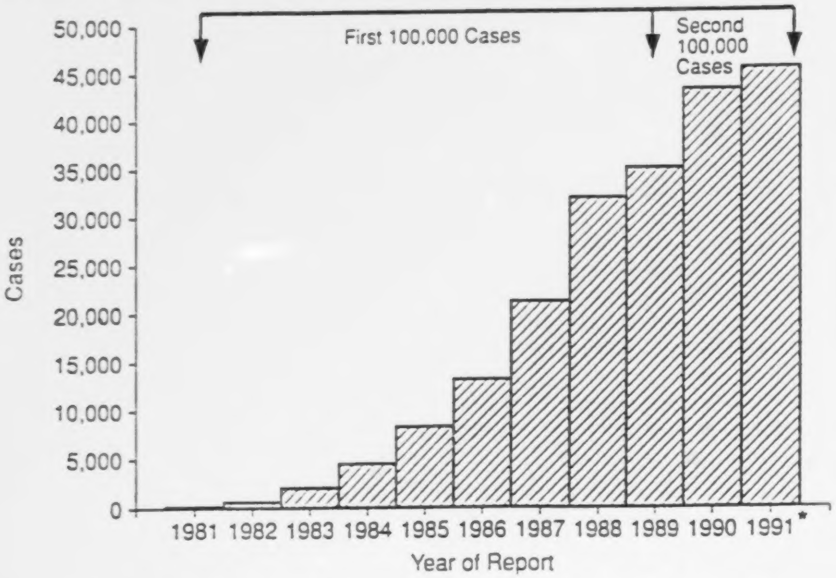
The Second 100,000 Cases of Acquired Immunodeficiency Syndrome — United States, June 1981–December 1991

The first cases of acquired immunodeficiency syndrome (AIDS) were reported in June 1981 (*1*). From 1981 through December 1987, 50,000 AIDS cases had been reported to CDC, and by August 1989, 100,000 cases had been reported (*2*). From September 1989 through November 1991, state and territorial health departments reported 100,000 additional cases. By December 31, 1991, a cumulative total of 206,392 cases had been reported (Figure 1), and the cumulative number of reported deaths associated with AIDS was 133,232. This report presents characteristics of the first and second 100,000 persons with AIDS.

Overall, most reported AIDS cases occurred among homosexual/bisexual men (i.e., men who reported sexual contact with other men) (59%) and injecting-drug users (IDUs) (22%). Of the first 100,000 reported AIDS cases, 61% occurred among homosexual/bisexual men with no history of IDU, and 20%, among female or heterosexual male IDUs. In comparison, of the second 100,000 reported cases, 55% occurred among homosexual/bisexual men with no history of IDU, and 24% occurred among female or heterosexual male IDUs.

The second 100,000 cases reflect an increasing proportion of persons with AIDS who have been reported to have had heterosexual exposure to persons at risk for human immunodeficiency virus (HIV) infection. Of the first 100,000 persons with AIDS, 5% were attributed to heterosexual transmission, compared with 7% among the second 100,000—a 44% increase. Of all AIDS cases among women, 34% were attributed to heterosexual transmission, and women accounted for 61% of all cases attributed to heterosexual transmission. Of the first 100,000 persons with AIDS, 9% were women, compared with 12% of the second 100,000 persons. The first 100,000

FIGURE 1. AIDS cases, by year of report — United States, 1981–1991



*Cases reported through December 1991.

Acquired Immunodeficiency Syndrome — Continued

persons with AIDS included 1683 children, of whom 81% were born to mothers with or at risk for HIV infection; the second 100,000 persons with AIDS included 1702 children, of whom 87% were born to mothers with or at risk for HIV infection.

A disproportionate number of AIDS cases continue to be reported among blacks and Hispanics. Of the first 100,000 reported cases, 27% occurred among blacks and 15% among Hispanics; of the second 100,000 reported cases, these proportions increased to 31% and 17% for blacks and Hispanics, respectively.

The proportion of AIDS cases related to transfusions as a mode of exposure declined in both adults (2.5% to 1.9%) and children (11% to 5.6%) from the first to the second 100,000 cases.

Reported by: Surveillance Br, Div of HIV/AIDS, National Center for Infectious Diseases, CDC.

Editorial Note: The cumulative total of more than 200,000 reported AIDS cases emphasizes the rapidly increasing magnitude of the HIV epidemic in the United States. The first 100,000 cases were reported during an 8-year period, whereas the second 100,000 cases were reported during a 2-year period.

The number and proportion of AIDS cases associated with heterosexual transmission of HIV has been increasing steadily. Factors associated with an increased risk for heterosexual transmission include multiple sex partners and the presence of other sexually transmitted diseases. In the United States, men and women who have unprotected sexual contact, particularly with partners known to have risks for HIV infection, are at increased risk for HIV infection. A recent analysis of expected trends in AIDS cases in the United States suggests that by 1995, the infection rate among nondrug-using heterosexual men and women may be associated with a doubling of AIDS cases acquired through heterosexual transmission (*3*).

Of the estimated 1 million HIV-infected persons in the United States, approximately 20% have developed AIDS. Approximately half of all persons who have been diagnosed with HIV infection and who have evidence of severe immunosuppression (i.e., CD4+ counts <200 cells/µL) meet the current AIDS surveillance case definition (*4*). Approximately 125,000 persons who do not have an AIDS-defining illness are estimated to have a CD4+ lymphocyte count <200 cells/µL (CDC, unpublished data). CDC has proposed expanding the AIDS surveillance case definition to facilitate more complete reporting of all persons with severe HIV-related immunosuppression and who are at the highest risk for developing serious illnesses or death* (*5*).

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*The draft document is available for review from the National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231. Written comments on this draft document should be sent to the same address by February 14, 1992.

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The HIV/AIDS Epidemic: The First 10 Years

On June 5, 1981, the first cases of an illness subsequently defined as acquired immunodeficiency syndrome (AIDS) were reported by health-care providers in California and CDC (*1*). As of May 31, 1991, state and local health departments had reported to CDC 179,136 AIDS cases among persons of all ages in the United States. By the end of 1991, AIDS will be the second leading cause of death among men 25–44 years of age and is likely to be one of the five leading causes of death among women aged 15–44 years in the United States (*2*).

The World Health Organization estimates that 8–10 million adults and 1 million children worldwide are infected with human immunodeficiency virus (HIV), the etiologic agent of AIDS. By the year 2000, 40 million persons may be infected with HIV (*3*). More than 90% of these persons will reside in developing countries in sub-Saharan Africa, South and Southeast Asia, Latin America, and the Caribbean. In addition, during the 1990s, mothers or both parents of more than 10 million children will have died from HIV infection/AIDS.

AIDS will remain a major public health challenge worldwide in the 21st century. Education of all persons about AIDS to prevent transmission of HIV infection is critical to controlling this problem.

Reported by: Technical Information Activity, Div of HIV/AIDS, Center for Infectious Diseases, CDC.

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Epidemiologic Notes and Reports

Update: Transmission of HIV Infection during an Invasive Dental Procedure — Florida

Possible transmission of human immunodeficiency virus (HIV) infection during an invasive dental procedure was previously reported in a young woman (patient A) with acquired immunodeficiency syndrome (AIDS) (*1*). Patient A had no identified risk factor for HIV infection and was infected with a strain of HIV closely related to that of her dentist as determined by viral DNA sequencing. A follow-up investigation has identified four additional patients of the dentist who are infected with HIV. Laboratory and epidemiologic investigation has been completed on three of these patients (Table 1); two are infected with strains closely related to those of the dentist and patient A but not to strains from other persons residing in the same geographic area as the dental practice. The follow-up investigation included review of medical records of the dentist and interviews of former staff on the infection-control procedures of the dental practice. This report summarizes the findings of the investigation.*

Epidemiologic Investigation of the Dentist's Patients

Following the initial report (*1*), the dentist wrote an open letter to his former patients, which prompted 591 persons to be tested for HIV antibody at the Florida Department of Health and Rehabilitative Services (HRS) county public health units; two (patients B and C) were seropositive. In addition, one infected patient (patient D) was identified by HRS by matching the list of available names of the dentist's former patients with the state's AIDS surveillance records, and another (patient E) contacted CDC to report that she was HIV-infected and a former patient of this dentist. Although

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*Single copies of this article will be available free until January 18, 1992, from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850; telephone (800) 458-5231.

TABLE 1. HIV-infected patients in a dentist's practice for whom DNA sequencing data are available and investigations are completed

Patient*	Sex	Identified risk factor	Clinical status	Dental visits	
				No.	Dates
A	Female	No	AIDS	6	Nov. 1987–Jun. 1989
B	Female	No	Asymptomatic CD4 >200–$<500/\text{mm}^3$	21	Dec. 1987–Jul. 1989
C	Male	Not confirmed	Asymptomatic CD4 $<200/\text{mm}^3$	14	Dec. 1984–May 1989
D	Male	Yes	AIDS	19	Jun. 1985–May 1989

*HIV DNA sequences for patients A, B, and C were similar to each other and to those of the dentist.

the exact number of patients in this dental practice is unknown, approximately 1100 additional persons who may have been patients of the dentist and who could be located have been contacted by HRS to offer counseling and HIV-antibody testing; of these persons, 141 have been tested, and all are seronegative.

Patient B is an elderly woman for whom no risk factor for HIV infection could be established. She did not report intravenous (IV)-drug use or sexual contact with persons at risk for HIV infection. Based on interviews and review of her medical records, she had no history of transfusion, receipt of blood products, or illness compatible with an acute retroviral syndrome. Serologic tests for syphilis and hepatitis B virus (HBV) were negative. The patient's spouse, to whom she has been married >25 years, tested negative for HIV antibody.

Patient C is a young man who has reported multiple heterosexual partners and a history of non–IV-drug use, including one hospitalization for toxicity caused by an illicit drug. Other risk factors for HIV infection were suggested by secondary sources but were not corroborated by the patient. He had no history of transfusion, receipt of blood products, or illness compatible with an acute retroviral syndrome; serologic tests for syphilis and HBV were negative. His wife and other female sexual contacts who were tested were HIV seronegative.

Patient D is a man with AIDS with established risk factors for HIV infection. Patient E is a woman with HIV infection whose epidemiologic and laboratory investigation has not yet been completed. All patients (A–E) denied sexual contact with the dentist, and they did not name each other as sex partners.

From 1984 through 1989, patients A, B, and C made numerous visits to this dentist (Table 1) for a variety of procedures: patient A – extractions, prophylaxis (cleaning), and cosmetic bonding; patient B – extractions, prophylaxis, periodontal scaling and root planing, and fixed and removable prosthodontics; and patient C – extractions, prophylaxis, periodontal scaling and root planing, and restorative fillings.

On two occasions, two of these three patients had appointments on the same day: in 1987, patient B was examined for a toothache the same day patient A had two maxillary third molars extracted; in 1989, patients B and C had prophylaxes performed on the same day. Neither the order nor the time of day of their appointments could be determined because appointment books could not be located; also, whether the dentist provided dental care for patients B and C during their appointments for prophylaxes is unknown.

To examine the likelihood that patients shared visit days, two conditional probabilities were calculated based on the number of visits made by each patient (six for patient A, 21 for patient B, and five for patient C) from November 1987 through the closure of the practice in July 1989[†]. These probabilities were calculated assuming visits occurred at random over the interval during days the dentist's office was open, without allowing multiple visits for the same patient on the same day. Given these assumptions, the probability of each of these patients having shared at least 1 day with another is 0.17; the probability of patients A and B having shared at least 1 day and patients B and C having shared at least 1 day is 0.13. These probabilities suggest that the shared visit days may have been chance events.

Laboratory Investigation

To determine the relatedness of the HIV strains from patients B, C, and D to those of the dentist and patient A, blood specimens were obtained from these patients and from eight HIV-infected persons (controls 1–8) randomly selected from two HIV clinics located within 90 miles of the dental practice. Six of the eight controls were men; the sex of the other two controls was not known. Most men in these clinics were either homosexual/bisexual or IV-drug users. Because the blood samples from the controls were collected anonymously, details of their sexual and dental histories were not available.

[†] The interval during which at least two of these HIV-infected persons (patients A, B, and C) were patients of this dentist.

Sequencing of the HIV proviral DNA present in these specimens was performed at CDC using previously described methods (*1–4*).[§] The sequences included an approximately 300-base-pair variable region (V3) and/or an approximately 350-base-pair region, consisting of variable regions (V4 and V5) and a constant region (C3), encoding the amino acids of gp120. From one to 25 molecular clones obtained from each specimen were sequenced.[¶]

In collaboration with Los Alamos National Laboratory, computer-based methods were used to analyze the relationships of HIV DNA sequences from the dentist, the four dental patients (A–D), and the eight control patients and from 21 other North American isolates (*5*). Because of the sequence variation between multiple molecular clones of HIV DNA obtained from the same person, consensus sequences were derived to represent the major viral strain present in each person. For four persons (the dentist, patients A and D, and one of the control patients), two consensus sequences were created to encompass the range of their HIV sequence variation.

Sequence variation can be depicted by tree analysis (*5*). The viruses of the dentist and patients A, B, and C are closely related in their V3 sequences (Figure 1), with an average difference of 3.4%. This degree of sequence relatedness has been reported only for multiple HIV strains obtained from a single person or for HIV strains from persons whose infections were epidemiologically linked (*3,4*). In contrast, the V3 sequences from the dentist and patients A, B, and C were not closely related to the viral sequences from patient D, seven control patients, and the 21 other North American isolates. Furthermore, the average viral sequence difference for patient D and seven control patients was approximately 13% (range: 8%–15%), suggesting that no particular HIV strain predominates in the geographic area in which the dentist practiced and indicating that no other instance of comparable viral sequence relatedness was identified.

In a separate analysis of a relatively conserved portion of the V4-C3-V5 region, including sequences from the eighth control, the viruses from the dentist and patients A, B, and C had an average difference of 1.8%, whereas the average difference of viruses from the local controls was 4.8%.

The low probability ($p = 0.006$, Wilcoxon rank-sum statistic) that the HIV DNA sequences from patients A, B, and C would be closer by chance alone to the sequence from the dentist than to the sequences from the eight controls indicates that the viruses from patients A, B, and C are significantly more similar to the dentist's virus than to the viruses of the controls.

[§] HIV exhibits considerable genetic variability, particularly in the gene for its envelope glycoprotein (gp120), and analyses of DNA sequences of this gene can be used to determine the relations of viruses infecting different persons. Analyses of multiple molecular clones of HIV obtained from an infected person can also define the range of genetic variation in the virus infecting that person. Sequence differences are least for viral clones obtained from a single infected person, intermediate for viruses from persons whose infections are epidemiologically linked, and greatest for viruses from persons whose infections are epidemiologically unrelated (*5*).

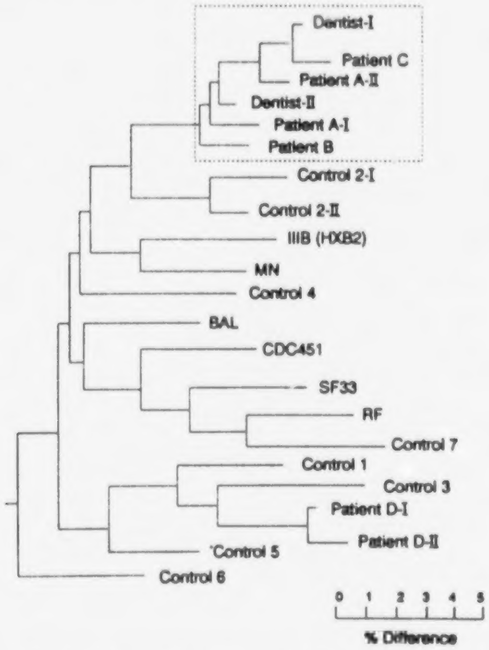
[¶] To assure that no laboratory error occurred, DNA sequences from patients B, C, and D encoding the human leukocyte antigen DQ α were amplified by the polymerase chain reaction. The lengths of the sequences from these specimens were distinct from each other and from the sequence lengths found for the dentist and patient A (*1*), confirming that each of the samples represented a different person. As an additional verification of the source of each set of DNA sequences, DNA oligonucleotides corresponding to short sequences unique to the HIV strains from each of these three persons were used as hybridization probes. The probes hybridized only with DNA from the person from whose virus the probe was derived.

In addition, the HIV strains of the dentist and patients A, B, and C shared a unique pattern (or "signature sequence") of amino acids encoded by V3 nucleotides. This pattern was absent in the other sequences analyzed. This signature sequence provides additional evidence for the close relation among the viruses from the dentist and the three patients.

Medical History of the Dentist

Review of the dentist's medical records revealed that he was diagnosed with symptomatic HIV infection in late 1986, and AIDS in September 1987. At the time of the AIDS diagnosis, his CD4 lymphocyte count was <200/mm^3; zidovudine therapy was begun, discontinued for a short period in late 1987, then restarted and continued until after the practice closed in 1989. In 1988, he received radiation therapy for Kaposi's sarcoma of the palate. He performed invasive procedures on patients A and B after he was diagnosed with AIDS, including the brief period when he was not receiving antiretroviral therapy, and on patient C both before and after he was

FIGURE 1. Tree analysis of V3 nucleotide sequences from the dentist; patients A, B, C, and D; and seven local control patients* and from six North American HIV isolates (IIIB [HXB2], MN, BAL, CDC451, SF33, and RF)


Dentist-I
Patient C
Patient A-II
Dentist-II
Patient A-I
Patient B
Control 2-I
Control 2-II
IIIB (HXB2)
MN
Control 4
BAL
CDC451
SF33
RF
Control 7
Control 1
Control 3
Patient D-I
Patient D-II
Control 5
Control 6
0 1 2 3 4 5
% Difference

For the dentist, patients A and D, and control 2, alternate consensus sequences are indicated by Roman numerals (I and II). The horizontal branch lengths (see scale) indicate percent nucleotide differences calculated based on a total of 308 nucleotides from the V3 region. The percent difference between any two viruses can be determined by adding the horizontal branch lengths needed to connect the two. Vertical distances in the figure are for illustration purposes only. The dotted box indicates the cluster of closely related sequences present in the viruses from the dentist and patients A, B, and C. More distant North American HIV sequences are not shown.

*No V3 sequence was available for the remaining control patient.

diagnosed with symptomatic HIV infection. While the dentist was in practice, he had no record of peripheral neuropathy, dementia, thrombocytopenia or other bleeding disorder, hand dermatitis, or injury.

Investigation of the Dental Practice

The office employees of the dentist were interviewed regarding infection-control and other work practices of the dental office. Of the 14 employees, eight have been tested for HIV antibody; all were negative, including the dental hygienists who could have performed prophylaxes on patients A, B, and C. Interviews revealed that no written policy or training course on infection-control principles or practice was provided for staff by the dentist and that no office protocol existed for reporting or recording injuries, such as needlesticks or other percutaneous injuries involving sharp instruments or devices. Anesthetic needles were either recapped by the dentist using a two-handed technique** or left uncapped and recapped by the assistant using a two-handed technique on completion of the dental treatment procedure. One seronegative staff person recalled sustaining an injury while washing sharp instruments, but no other specific incidents were reported by the staff. In addition, neither patient B nor patient C recalled, nor did review of the dental records indicate, any specific incidents that would have exposed them to the dentist's blood (i.e., an injury to the dentist, such as a needlestick or cut with a sharp instrument); however, no injury log was kept. The dentist could not be interviewed before his death regarding his care of these patients.

Staff members reported that barrier precautions had been introduced into the practice by early 1987 and that all staff, including the dentist, wore latex gloves and surgical masks for patient-care activities. Staff reported that they changed gloves and washed their hands between most patient contacts; occasionally, however, they washed gloves rather than changed them between patient contacts. Masks reportedly were changed infrequently. Staff reported that the dentist's use of gloves and mask and handwashing practices were similar to their own. None of the staff reported a history of dermatitis.

Staff reported that by 1987 all surgical instruments were autoclaved. Nonsurgical heat-tolerant instruments (e.g., dental mirrors) were autoclaved when practice conditions, such as time and instrument supply, allowed or were immersed in a liquid chemical germicide for varying lengths of time. Tests of the autoclave in October 1990 demonstrated that it was functioning properly. Dental equipment, such as handpieces, prophylaxis angles, and air/water syringe tips, were not autoclaved but were either wiped with alcohol or immersed in a liquid chemical germicide at irregular intervals. Some disposable items (e.g., saliva ejectors, high-speed evacuation tubes, and prophylaxis cups) occasionally were reused after being immersed in a liquid chemical germicide for varying lengths of time. Germicides known to be available in the dental office were isopropyl alcohol and 2% glutaraldehyde. The dental practice had no written protocol or consistent pattern for operatory cleanup and instrument reprocessing.

Office staff also reported that the dentist occasionally received prophylactic treatment from the hygienists; at least one hygienist topically treated an oral lesion of the dentist on one occasion in 1987.

Reported by: JJ Witte, MD, Florida Dept of Health and Rehabilitative Svcs. Div of HIV/AIDS and Hospital Infections Program, Center for Infectious Diseases; Dental Disease Prevention Activity, Center for Prevention Svcs; National Institute for Occupational Safety and Health, CDC.

Editorial Note: Based on the following considerations, this investigation strongly

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**Needle-recapping procedure in which the syringe with exposed needle is held in one hand and the needle cap or sheath is held in the other hand.

suggests that at least three patients of a dentist with AIDS were infected with HIV during their dental care: 1) the three patients had no other confirmed exposures to HIV; 2) all three patients had invasive procedures performed by an HIV-infected dentist; and 3) DNA sequence analyses of the HIV strains from these three patients indicate a high degree of similarity of these strains to each other and to the strain that had infected the dentist – a finding consistent with previous instances in which cases have been linked epidemiologically (*3,4*). In addition, these strains are distinct from the HIV strains from patient D (who had known behavioral risks for HIV infection), from the strains of the eight HIV-infected persons residing in the same geographic area, and from the 21 other North American isolates.

Because the dentist had known behavioral risk factors for HIV, his infection was probably not occupationally acquired. The precise mode of HIV transmission to patients A, B, and C remains uncertain. All three patients had invasive dental procedures performed by the dentist at times when he was known to be HIV-infected, with patients B and C each having multiple invasive procedures. Multiple opportunities existed for the dentist to sustain needlestick injuries (e.g., during administration of local anesthetics, two-handed needle-recapping procedures, and suturing) or cuts with a sharp instrument, particularly in poorly visualized operative sites. Although barrier precautions were reportedly used, these techniques were not always consistent or in compliance with recommendations. Furthermore, barrier precautions do not prevent most sharps injuries (e.g., puncture or cut wounds); therefore, the occurrences of puncture or cut wounds during treatment may have allowed the dentist's blood to enter an open wound or contact mucous membranes of a patient directly. Objective assessment of sharps injuries, beyond self-reports by the staff and a previous report by the dentist, was not possible (*1*).

Patients A, B, and C had invasive dental procedures performed after the dentist's diagnosis of AIDS, and two of the patients did not receive dental care from this dentist until after he had been diagnosed with AIDS and had evidence of severe immunosuppression (i.e., CD4 lymphocyte count $<200/\text{mm}^3$). At this time, higher titers of virus may have been present in the dentist's blood and he may have been more likely to transmit virus than earlier in the course of his HIV disease (*6*).

Transmission might also have occurred by the use of instruments or other dental equipment that had been previously contaminated with blood from either the dentist or a patient already infected by the dentist. The office did not have a written policy for reprocessing dental instruments and equipment and reportedly did not consistently adhere to all recommended guidelines (*7–11*). However, this mode of transmission may be less likely than direct blood-blood transfer during an invasive procedure because HIV is present in blood at low concentrations, does not survive in the environment for extended periods, and has not demonstrated resistance to heat or to commonly used chemical germicides (*7*). The investigation suggested that the instances in which two of the three patients had appointments on the same day may have been chance occurrences. In addition, no invasive procedure was documented for patient B on the day both she and patient A visited the office, and the HIV status of patients A, B, and C is unknown for the days of their shared visits.

The precise risk for HIV transmission to patients during invasive procedures is not known but is most likely very low (*1*). Although AIDS has been recognized in the United States since 1981, the cases described here are the first in which such transmission has been reported.

Guidelines for prevention of transmission of HIV and other bloodborne pathogens in health-care settings have been published by CDC and others (*7–12*); these guidelines promote adherence to universal precautions, including prevention of blood contact between health-care workers and patients, and proper cleaning and sterilization or disinfection of instruments and other patient-care equipment.

CDC will convene a meeting in Atlanta on February 21–22 to review current information on risks of transmission of HIV and HBV to patients during invasive procedures and to assess the implications of these risks. Information regarding this meeting can be obtained from the meeting organizers, PACE Enterprises, at (404) 633-8610.

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APPENDIX C

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Guidelines for Effective School Health Education To Prevent the Spread of AIDS

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

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Guidelines for Effective School Health Education To Prevent the Spread of AIDS

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (*1-5*).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987 (see Appendix I).

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help **school personnel**, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do **not** attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behavior that increases the risk of HIV infection, is presented in Appendix II.

Information contained in this document was developed by CDC in consultation with individuals appointed to represent the following organizations:

American Academy of Pediatrics
American Association of School Administrators
American Public Health Association
American School Health Association
Association for the Advancement of Health Education
Association of State and Territorial Health Officers
Council of Chief State School Officers
National Congress of Parents and Teachers
National Council of Churches

National Education Association
National School Boards Association
Society of State Directors of Health, Physical Education,
Recreation and Dance
U.S. Department of Education
U.S. Food and Drug Administration
U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (*6*).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (*7-9*). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who **have not** engaged in sexual intercourse and who **have not** used illicit drugs to continue to—

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who **have** engaged in sexual intercourse or who **have** injected illicit drugs, school programs should enable and encourage them to—

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.

Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunitites to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

Viruses are living organisms too small to be seen by the unaided eye.

Viruses can be transmitted from an infected person to an uninfected person through various means.

Some viruses cause disease among people.

Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.

AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.

People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.

About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.

People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.

The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.

Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.

The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.

The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.

HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of *infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.*

The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.

In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.

Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia *infection, gonorrhea, herpes, human papillomavirus, and syphilis.*

Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons ***are not*** *infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons* ***are*** *infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant, and d) seek medical care* *and counseling about other medical problems that may result from a weakened immunologic system.*

More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at **each** grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

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Appendix I

The President's Domestic Policy Council's Principles for AIDS Education

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The Federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex and should be used with the consent and involvement of parents.

Appendix II

The Extent of AIDS and Indicators of Adolescent Risk

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Although in 1985, fewer than 60% of AIDS cases in the United States were reported among persons residing outside New York City and San Francisco, by 1991 more than 80% of the cases will be reported from other localities (*1*).

It has been estimated that from 1 to 1.5 million persons in the United States are infected with HIV (*1*), and, because there is no cure, infected persons are potentially capable of infecting others indefinitely. It has been predicted that 20%-30% of individuals currently infected will develop AIDS by the end of 1991 (*1*). Fifty percent of those diagnosed as having AIDS have not survived for more than about 1.5 years beyond diagnosis, and only about 12% have survived for more than 3 years (*2*).

By the end of 1987, about 50,000 persons in the United States had been diagnosed as having AIDS, and about 28,000 had died from the disease (*2*). Blacks and Hispanics, who make up about 12% and 6% of the U.S. population, respectively, disproportionately have contracted 25% and 14% of all reported AIDS cases (*3*). It has been estimated that during 1991, 74,000 cases of AIDS will be diagnosed, and 54,000 persons will die from the disease. By the end of that year, the total number of deaths caused by AIDS will be about 179,000 (*1*). In addition, health care and supportive services for the 145,000 persons projected to be living with AIDS in that year will cost our Nation an estimated $8-$10 billion in 1991 alone (*1*). The World Health Organization projects that by 1991, 50-100 million persons may be infected worldwide (*4*). The magnitude and seriousness of this epidemic requires a systematic and concerted response from almost every institution in our society.

A vaccine to prevent transmission of the virus is not expected to be developed before the next decade, and its use would not affect the number of persons already infected by that time. A safe and effective antiviral agent to treat those infected is not expected to be available for general use within the next several years. The Centers for Disease Control (*5*), the National Academy of Sciences (*6*), the Surgeon General of the United States (*7*), and the U.S. Department of Education (*8*) have noted that in the absence of a vaccine or therapy, educating individuals about actions they can take to protect themselves from becoming infected is the most effective means available for controlling the epidemic. Because the virus is transmitted almost exclusively as a result of behavior individuals can modify (e.g., by having sexual contact with an infected person or by sharing intravenous drug paraphernalia with an infected person), educational programs designed to influence relevant types of behavior can be effective in controlling the epidemic.

A significant number of teenagers engage in behavior that increases their risk of becoming infected with HIV. The percentage of metropolitan teenage girls who had ever had sexual intercourse increased from 30%-45% between 1971 and 1982. The average age at first intercourse for females remained at approximately 16.2 years between 1971 and 1979 (*9*). The average proportion of never-married teenagers who have ever had intercourse increases with age from 14 through 19 years. In 1982, the percentage of never-married girls who reported having engaged in sexual intercourse was as follows: approximately 6% among 14-year-olds (*10*), 18% among 15-year-olds, 29% among 16-year-olds, 40% among 17-year-olds, 54% among 18-year-olds, and 66% among 19-year-olds (*11*). Among never-married boys living in metropolitan areas, the percentage who reported having engaged in sexual intercourse was as follows: 24% among 14-year-olds, 35% among 15-year-olds, 45% among 16-year olds, 56% among 17-year-olds, 66% among 18-year olds, and 78% among 19-year olds (*9,12*). Rates of sexual experience (e.g., percentage having had intercourse) are higher for black teenagers than for white teenagers at every age and for both sexes (*11,12*).

Male homosexual intercourse is an important risk factor for HIV infection. In one survey conducted in 1973, 5% of 13- to 15-year-old boys and 17% of 16- to 19-year-old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, most (56%) indicated that the first homosexual experience had occurred when they were 11 or 12 years old. Two percent reported that they currently engaged in homosexual activity (*13*).

Another indicator of high-risk behavior among teenagers is the number of cases of sexually transmitted diseases they contract. Approximately 2.5 million teenagers are affected with a sexually transmitted disease each year (*14*).

Some teenagers also are at risk of becoming infected with HIV through illicit intravenous drug use. Findings from a national survey conducted in 1986 of nearly 130 high schools indicated that although overall illicit drug use seems to be declining slowly among high school seniors, about 1% of seniors reported having used heroin and 13% reported having used cocaine within the previous year (*15*). The number of seniors who injected each of these drugs is not known.

Only 1% of all the persons diagnosed as having AIDS have been under age 20 (*2*); most persons in this group had been infected by transfusion or perinatal transmission. However, about 21% of all the persons diagnosed as having AIDS have been 20-29 years of age. Given the long incubation period between HIV infection and symptoms that lead to AIDS diagnosis (3 to 5 years or more), some fraction of those in the 20- to 29-year-age group diagnosed as having AIDS were probably infected while they were still teenagers.

Among military recruits screened in the period October 1985-December 1986, the HIV seroprevalence rate for persons 17-20 years of age (0.6/1,000) was about half the rate for recruits in all age groups (1.5/1,000) (*16*). These data have lead some to conclude that teenagers and young adults have an appreciable risk of infection and that the risk may be relatively constant and cumulative (*17*).

Reducing the risk of HIV infection among teenagers is important not only for their well-being but also for the children they might produce. The birth rate for U.S. teenagers is among the highest in the developed world (*18*); in 1984, this group accounted for more than 1 million pregnancies. During that year the rate of pregnancy among sexually active teenage girls 15-19 years of age was 233/1,000 girls (*19*).

Although teenagers are at risk of becoming infected with and transmitting the AIDS virus as they become sexually active, studies have shown that they do not believe they are likely to become infected (*20,21*). Indeed, a random sample of 860 teenagers (ages 16-19) in Massachusetts revealed that, although 70% reported they were sexually active (having sexual intercourse or other sexual contact), only 15% of this group reported changing their sexual behavior because of concern about contracting AIDS. Only 20% of those who changed their behavior selected effective methods such as abstinence or use of condoms (*20*). Most teenagers indicated that they want more information about AIDS (*20,21*).

Most adult Americans recognize the early age at which youth need to be advised about how to protect themselves from becoming infected with HIV and recognize that the schools can play an important role in providing such education. When asked in a November 1986 nationwide poll whether children should be taught about AIDS in school, 83% of Americans agreed, 10% disagreed, and 7% were not sure (*22*). According to information gathered by the United States Conference of Mayors in December of 1986, 40 of the Nation's 73 largest school districts were providing education about AIDS, and 24 more were planning such education (*23*). Of the districts that offered AIDS education, 63% provided it in 7th grade, 60% provided it in 9th grade, and 90% provided it in 10th grade. Ninety-eight percent provided medical facts about AIDS, 78% mentioned abstinence as a means of avoiding infection, and 70% addressed the issues of avoiding high-risk sexual activities, selecting sexual partners, and using condoms. Data collected by the National Association of State Boards of Education in the summer of 1987 indicated that a) 15 states had mandated comprehensive school health education; eight had mandated AIDS education; b) 12 had legislation pending on AIDS education, and six had state board of education actions pending; c) 17 had developed curricula for AIDS education, and seven more were developing such materials; and d) 40 had developed policies on admitting students with AIDS to school (*24*).

The Nation's system of public and private schools has a strategic role to play in assuring that young people understand the nature of the epidemic they face and the specific actions they can take to protect themselves from becoming infected—especially during their adolescence and young adulthood. In 1984, 98% of 14 and 15 year-olds, 92% of 16 and 17 year-olds, and 50% of 18 and 19 year-olds were in school (*25*). In that same year, about 615,000 14- to 17-year-olds and 1.1 million 18- to 19-year-olds were not enrolled in school and had not completed high school (*26*).

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Additional copies may be requested from the National AIDS Information Clearinghouse, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" P.O. Box 6003 Rockville, Maryland 20850.

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Perspectives in Disease Prevention and Health Promotion

Condoms for Prevention of Sexually Transmitted Diseases*

Introduction

Prevention is the most effective strategy for controlling the spread of infectious diseases. Prevention through avoiding exposure is the best strategy for controlling the spread of sexually transmitted disease (STD). Behavior that eliminates or reduces the risk of one STD will likely reduce the risk of all STDs. Prevention of one case of STD can result in the prevention of many subsequent cases. Abstinence and sexual intercourse with one mutually faithful uninfected partner are the only totally effective prevention strategies. Proper use of condoms with each act of sexual intercourse can reduce, but not eliminate, risk of STD. Individuals likely to become infected or known to be infected with human immunodeficiency virus (HIV) should be aware that condom use cannot completely eliminate the risk of transmission to themselves or to others.

Efficacy

For the wearer, condoms provide a mechanical barrier that should reduce the risk of infections acquired through penile exposure to infectious cervical, vaginal, vulvar, or rectal secretions or lesions. For the wearer's partner, proper use of condoms should prevent semen deposition, contact with urethral discharge, and exposure to lesions on the head or shaft of the penis. For infectious agents spread from lesions rather than fluids, condoms may offer less protection because areas of skin not covered by the condom may be infectious or vulnerable to infection.

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*This summary includes data presented at a conference entitled "Condom in the Prevention of Sexually Transmitted Diseases" sponsored by the American Social Health Association, Family Health International, and the Centers for Disease Control and held in Atlanta, Georgia, February 20-21, 1987. The following consultants assisted in the formulation of these data and strategies: J. Cohen, Ph.D., M. Conant, M.D., University of California; L. Pappas, San Francisco AIDS Foundation, San Francisco, California; F. Judson, M.D., Disease Control Service and University of Colorado, Denver, Colorado; J. Graves, M. Rosenberg, M.D., American Social Health Association; M. Potts, M.D., Family Health International, Research Triangle Park, North Carolina; P. Harvey, Population Services International, Washington DC; L. Liskin, Johns Hopkins University, Baltimore, Maryland; M. Solomon, Solomon Associates, Sudbury, Maine.

Laboratory and epidemiologic studies provided information about the effectiveness of condoms in preventing STD. Laboratory tests have shown latex condoms to be effective mechanical barriers to HIV (1) herpes simplex virus (HSV) (2-4), cytomegalovirus (CMV) (5), hepatitis B virus (HBV) (6), chlamydia trachomatis (2), and Neisseria gonorrhoeae (4). Latex condoms blocked passage of HBV and HIV in laboratory studies, but natural membrane condoms (made from lamb cecum), which contain small pores, did not (6-8). The experimental conditions employed in these studies may be more extreme than those encountered in actual use; however, they suggest that latex condoms afford greater protection against viral STD than do natural membrane condoms.

The actual effectiveness of condom use in STD prevention is more difficult to assess. It is difficult to determine if a user has been exposed to an infected partner or whether the condom was correctly used. However, several cross-sectional and case-control studies have shown that condom users and/or their partners have a lower frequency of gonorrhea, ureaplasma infection, pelvic inflammatory disease, and cervical cancer than persons who do not use condoms (9). Consistent previous condom use was associated with seronegativity during the 1- to 3-year follow-up period in a recent study of HIV antibody-negative heterosexual spouses of patients with acquired immunodeficiency syndrome (AIDS) (10). Another recent investigation of prostitutes in Zaire has also suggested a protective association between a history of condom use and HIV seronegativity (11).

Condoms are not always effective in preventing STD. Failure of condoms to protect against STD is probably explained by user failure more often than by product failure. User failure includes failure to: 1) use a condom with each act of sexual intercourse, 2) put the condom on before any genital contact occurs, and 3) completely unroll the condom. Other user behaviors that may contribute to condom breakage include: inadequate lubrication, use of oil-based lubricants that weaken latex, and inadequate space at the tip of the condom. Product failure refers to condom breakage or leakage due to deterioration or poor manufacturing quality. Deterioration may result from age or improper postmanufacturing storage conditions. No scientific data on the frequency or causes of condom breakage are available. Likewise, no data are available comparing the susceptibility to breakage of condoms of various sizes, thickness, or types, i.e., natural versus latex, lubricated versus nonlubricated, or ribbed versus smooth. Experimental methods need to be developed to test the factors associated with breakage. Such information is necessary to provide users with accurate instructions on proper condom use.

Quality Assurance

Since 1976, condoms have been regulated under the Medical Device Amendments to the Federal Food, Drug, and Cosmetic Act. Within the Food and Drug Administration (FDA), the Center for Devices and Radiological Health is responsible for assuring the safety and effectiveness of condoms as medical devices. Beginning in the spring of 1987, FDA undertook an expanded program to inspect latex condom manufacturers, repackagers, and importers to evaluate their quality control and testing procedures. In its testing of condoms, FDA uses a water-leak test in which a condom is filled with 300 ml of water and checked for leaks. The FDA has also adapted its inspection sampling criteria to conform with the American Society for Testing and Materials Standard D3492-83 for latex condoms. FDA criteria and the industry acceptable quality level (AQL) for condoms specify that, in any given batch, the failure rate due to water leakage cannot exceed four condoms per thousand. Batches exceeding the specified rejection criteria are recalled or barred from sale. Among batches of condoms that have met the AQL, the average failure rate observed was 2.3/1,000.

As of February 1988, FDA had examined samples from 430 batches of domestically produced and foreign-made condoms. These examinations have resulted in the testing of over 102,000 condoms. In FDA's sampling methodology, the sample size is determined by the size of the batch of condoms introduced into the market, the inspection level, and the AQL. Approximately 38,000 domestically produced condoms from 165 different batches of condoms were tested. Nineteen of those batches (approximately 12%) had leakage rates of over 4/1,000 and failed the test. By contrast, approximately 21% of the 265 foreign-manufactured batches failed to meet AQL standards. Thus far, as a result of both FDA's sampling program and the manufacturers' quality assurance programs, four domestic manufacturers have conducted 16 condom recalls.

FDA samples foreign-made condoms before they are passed through U.S. customs. If two or more of a given foreign manufacturer's batches offered for import are found to have leakage rates of more than 4/1,000, future shipments from that manufacturer are automatically detained at the port of entry. Seven foreign firms are presently on this automatic detention list. FDA also has the authority to seize any lot that is found to be violate if the manufacturer or importer does not take appropriate action.

Use of Spermicides with Condoms

The active ingredients (surfactants) in commercially available spermicides have been shown in the laboratory to inactivate sexually transmitted agents, including HIV (9,12,13). Vaginal use of spermicides is associated with a lower risk of gonorrhea and chlamydial infection in epidemiologic studies of women (9,14). The use of spermicide-containing condoms may provide additional protection against STD in the event of condom leakage or seepage. However, the spermicidal barrier would no longer be in place if the condom breaks. If extra protection is desired, vaginal application of spermicide is likely to afford greater protection than the use of spermicide in the condom because a larger volume of spermicide would already be in place in the event of condom breakage. Neither the safety nor the efficacy of spermicides in preventing sexually transmitted infections of the anal canal or oropharynx has been studied.

Prevalence of Use

Recent studies suggest that condom use for STD prevention is increasing in selected populations but is still infrequent. In 1985, a sample of New York City male homosexuals reported a significant increase in condom use with both insertive and receptive anal intercourse after the respondents became aware of AIDS (15). In the year before learning of AIDS, the men used condoms an average of 1% of the time when engaging in insertive anal intercourse; in the ensuing year, 20% of respondents reported consistent condom use. In 1984, 39% of the men in a prospective study in San Francisco reported having anal intercourse; 26% of these men used condoms (16). In April 1987, 19% of the San Francisco respondents reported anal intercourse; 79% used condoms. The trend in condom use for STD prevention among heterosexual men and women are unknown. In a 1986-87 survey of female prostitutes in the United States, 4% reported condom use with each vaginal exposure (17).

Proper Selection and Use

The Public Health Service has previously made recommendations on reducing the risk of HIV infection through consistent use of condoms (18). Additional recommendations include a guideline for manufacturers published by FDA that recommends proper labeling of condoms to include adequate instructions for use (Center for Devices and Radiological Health, FDA; Letter to all U.S. condom manufacturers, importers, and repackagers, April 7, 1987). Users can increase the efficacy of condoms in preventing infection by using a condom properly from start to finish during every sexual exposure. It is unknown whether brands of condoms with increased thickness offer any more protection for anal or vaginal intercourse than thinner brands. Even with a condom, anal intercourse between an infected individual and a uninfected partner poses a risk of transmitting HIV and other sexually transmitted infections because condoms may break.

The following recommendations for proper use of condoms to reduce the transmission of STD are based on current information:

1. Latex condoms should be used because they offer greater protection against viral STD than natural membrane condoms (7).
2. Condoms in damaged packages or those that show obvious signs of age (e.g., those that are brittle, sticky, or discolored) should not be used. They cannot be relied upon to prevent infection.
4. Condoms should be handled with care to prevent puncture.
5. The condom should be put on before any genital contact to prevent exposure to fluids that may contain infectious agents. Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip to collect semen, yet assuring that no air is trapped in the tip of the condom.
6. Adequate lubrication should be used. If exogenous lubrication is needed, only water-based lubricants should be used. Petroleum- or oil-based lubricants (such as petroleum jelly, cooking oils, shortening, and lotions) should not be used since they weaken the latex.
7. Use of condoms containing spermicides may provide some additional protection against STD. However, vaginal use of spermicides along with condoms is likely to provide greater protection.
8. If a condom breaks, it should be replaced immediately. If ejaculation occurs after condom breakage, the immediate use of spermicide has been suggested (19). However, the protective value of postejaculation application of spermicide in reducing the risk of STD transmission is unknown.

9. After ejaculation, care should be taken so that the condom does not slip off the penis before withdrawal; the base of the condom should be held while withdrawing. The penis should be withdrawn while still erect.
10. Condoms should never be reused.

Condoms should be made more widely available through health-care providers who offer services to sexually active men and women, particularly in STD clinics, family planning clinics, and drug-treatment centers. These same facilities should become more assertive in counseling patients on STD prevention. Recommendations for prevention of STD, including HIV infection, should emphasize that risk of infection is most effectively reduced through abstinence or sexual intercourse with a mutually faithful uninfected partner. Condoms do not provide absolute protection from any infection, but if properly used, they should reduce the risk of infection.

Reported by: Center for Devices and Radiological Health, Food and Drug Administration. Division of Sexually Transmitted Diseases, Center for Prevention Services; AIDS Program, Center for Infectious Diseases, Center for Disease Control.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Prekindergarten-GRADE 3

Developmental Characteristics of Students

Students are likely to be:

- egocentric
- developing new independence from parents and gradually orienting toward peers
- able to relate to their own bodies and be curious about body parts
- highly competitive and capable of unkindness to each other
- able to understand information if it relates to their own experiences

Appropriate Approaches To HIV Education

The primary goal is to allay student's fears of HIV and to establish a foundation for more detailed discussion of sexuality and health.

- Information about HIV should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.
- Students should be encouraged to feel positively about their body parts and the difference between boys and girls. Teachers should answer their questions about how babies are developed and born.
- AIDS should be defined simply as a very serious disease that some adults and teenagers get. Students should be told that they do not need to worry about playing with children whose parents have HIV or with those few children who do have the disease.
- Students should be cautioned never to play with hypodermic syringes found on playgrounds or elsewhere and to avoid contact with other people's blood.
- Questions should be answered directly and simply; responses should be limited to questions asked.
- Students should be taught assertiveness about refusing unwanted touch by others, including family members.

Texas Essential Elements Which Address HIV Education

Social/Emotional Development-Prekindergarten

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to demonstrate self-help skills by:

- being responsible for personal hygiene;
- learning about the parts of the body and what they do;
- recognizing routine healthy behaviors;
- expanding vocabulary to include health terms; and
- recognizing common visible signs of general illness and wellness.

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to develop a healthy self-concept reflected by recognizing own uniqueness.

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to demonstrate self-help skills by observing and following home/school safety rules and procedures by staying away from medications and poisons.

Health–Kindergarten

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept; and
- recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health–Grade 1 Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission. **Health–Grade 2** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases. **Health—3** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health, cleanliness, health of eyes and ears; habits of rest, sleep, posture, and exercise; and self-concept; • recognize the negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • practice general emergency procedures. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 4-5

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
Students are likely to be: • aware of sexual feelings and desires either in themselves or in others and feel confused about them • increasingly sensitive to peer pressure • capable of concern for others • exploring sex roles • in different stages of pre-puberty are usually very interested in learning about sexuality and human relationships • quite comfortable discussing human sexuality • confused between fact and fancy (between hypothesis and reality) • able to internalize rules and to know what is right or wrong according to those rules	It is appropriate to use the same approach for grades K-3 with an increased emphasis on: • affirming that bodies have natural sexual feelings; • helping children to examine and affirm their own and their family's values. Teachers of 4th and 5th grades should: • continue providing basic information about human sexuality, helping children understand puberty and the changes in their bodies; • be prepared to answer questions about HIV and HIV prevention.	**Health—Grade 4** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote habits of rest, sleep, posture and exercise; and self-concept; • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • practice general emergency procedures. Health related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to recognize scope of services provided by community health agencies. **Health—Grade 5** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote self-concept; • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • identify ways to care for the principal body systems. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to identify locally available volunteer health agencies.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 6-8

Developmental Characteristics of Students

Students are likely to be:

- engaged in a search for identity (including sexual identity), asking "Who am I?" and "Am I normal?" very centered on self
- influenced by peer education
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand the changes in their bodies
- able to understand that behavior has consequences, but may not believe the consequences could happen to them
- fearful of asking questions about sex which might make them appear uninformed

Appropriate Approaches To HIV Education

The primary goal is to teach students to protect themselves and others from infection with HIV.

- Students should learn the basic information about HIV transmission and prevention.
- HIV issues should be made as real as possible without overly frightening students. Movies about, or classroom visits from, people with AIDS have helped students in some schools overcome their denial of the disease and give AIDS a human face.
- The focus should be on health behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own values.
- Students should rehearse making responsible decisions about sex, including responses to risky situations.
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop skills to assert this right.
- It must not be assumed that all students will choose abstinence.
- Information about HIV should be presented in the context of other sexually transmitted diseases (STDs).

Texas Essential Elements Which Address HIV Education

Health–Grade 6

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- identify daily practices that promote self-concept;
- identify factors, including peer pressure, that contribute to alcohol, tobacco, marijuana, and other drug abuse and methods of prevention, with special emphasis on illegal drugs; and
- identify ways to care for the principal body systems.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:

- identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment; and
- identify basic emergency treatment, including aid to persons choking or not breathing.

Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to relate the system of health services provided by government to the health needs of people.

Health Education–Grade 7 or 8 (1/2 unit)

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- determine alternate courses of action when one is being pressured concerning use of alcohol, tobacco, and other drugs;
- recognize that daily health practices affect confidence and achievement, social development, and wellness.
- investigate the range of effects on personal health and safety from the use of alcohol, tobacco, and other drugs,
- recognize own personal attributes and attitudes;
- discriminate between responsible and irresponsible choices that affect personal health; and recognize body systems and their functions.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:

- investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.
- demonstrate communication skills that foster healthy relationships; and
- investigate influence of other persons on an individual's attitudes, interests, and needs.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • predict consequences of poor management of public health hazards; • identify local public health agencies' resources; and • identify the roles of individuals, the family, community health departments, and the medical profession in controlling sexually transmitted diseases. **Life Science (1 unit)** shall be a laboratory-oriented course. Health concepts and skills. (A three-week unit of health education including these essential elements shall be taught each semester within this life science course.) The student shall be provided opportunities to: • determine alternate courses of action when one is being pressured concerning use of alcohol, tobacco, marijuana, and other drugs; • investigate the range of effects on personal health and safety from the use of alcohol, tobacco, marijuana, and other drugs; • discriminate between responsible and irresponsible choices that affect personal health; and • investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 9-12

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
Students are likely to be: • still struggling for a sense of personal identity, especially those who are confused about their sexual identities • thinking that they "know it all" • seeking greater independence from parents • open to information provided by trusted adults • near end of this period, beginning to think about establishing more permanent relationships • experiencing an illusion of immortality • sexually active	• It is important to be honest and to provide information in a straightforward manner. Be explicit. Use simple, clear words. Explain in detail. Use examples. • Sexual vocabulary should be connected with slang, if necessary to be certain students understand the lesson. • It is important to be non-threatening and to work to alleviate anxiety. • Discussion of dating relationships can provide opportunities to teach decision-making skills. Students should be helped to think through how to make responsible decisions about sex before questions arise in a dating context. • Teaching about HIV is often enhanced by: --movies and other visual aids; --role plays and other participatory exercises; --same sex groupings (to encourage more candid discussion) followed by sharing in a mixed-sex group (to increase comfort level in discussing sexual subjects with members of the opposite sex); --involvement of students in planning and teaching, let young people speak the message to each other whenever possible. • HIV education should also include discussion of critical social issues raised by the epidemic, such as protecting the public without endangering individual liberties. • Teachers should have resources to help students find answers to detailed medical questions. • Students should be taught skills that will enable them to continue to evaluate the HIV crisis.	**Health Education (1/2 unit) Grades 9-12** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • understand the care of body systems and their functions; • relate personal behavior to wellness; • demonstrate responsible behavior concerning alcohol, tobacco, and other drugs; and • understand responsible behavior and the interrelationship of diet, exercise, rest, and recreation. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to: • investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases; and • demonstrate responsible behavior in prevention and control of diseases and promotion of health. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • be aware of community health resources and activities; • identify the roles of individuals, the family, community health departments, and the medical profession in controlling sexually transmitted diseases; • investigate current health issues. **Advanced Health Education (1/2 unit)** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • emphasize health as a personal priority; • practice critical thinking and rational problem solving; and • investigate current health and safety issues. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to: • use a systematic approach to acquire health information • relate giving and receiving love and maintaining friendships to consideration for the well-being of others and to personal well-being; and • project the effects of personal choices on the quality of life, now and in the future.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • describe the wide range of resources designed to protect and promote the well-being of groups of people; • use systematically acquired, comprehensive health information while making choices that affect personal health and the health of society; and • identify the roles of individuals, the family, community health departments, the medical profession in controlling sexually transmitted diseases. **Biology 1 (1 unit)** shall be a laboratory-oriented course. The use of classification skills in ordering and sequencing data. The student shall be provided opportunities to classify plants, animals, protists, and viruses according to similarities and differences. Experience in skills in relating objects and events to other objects and events. The student shall be provided opportunities to: • analyze scale models of DNA and RNA; • compare and contrast modes of defense used by organisms; • contrast human activities that affect the natural environment. Experience in applying defined terms based on observations. The student shall be provided opportunities to clarify operational definitions used in explaining digestion, respiration, circulation, reproduction of organisms, and skeletal, nervous, and endocrine systems. Application of science in daily life. The student shall be provided opportunities to: • analyze the economic importance of microbes, plants, and animals; and • evaluate the applications and career implications of biology principles and the findings of research. **Biology 11 (1 unit)** shall be a laboratory-oriented course. Application of science in daily life. The student shall be provided opportunities to: • apply biological principles to medical science and to technology; and • evaluate the applications and career implications of biology principles and the findings of research.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Physiology and anatomy (1/2-1 unit) shall be a laboratory-oriented course. The use of skills in acquiring data through the senses. The student shall be provided opportunities to: • observe anatomical structures; and • examine physiological systems. Experience in oral and written communication of data in appropriate form. The student shall be provided opportunities to: • describe the physiological functions of selected anatomical structures; and • explain the organization of body function. Application of science in daily life. The student shall be provided opportunities to: • apply the principles of physiology to human health and well-being; and • evaluate the applications and career implications of physiology and anatomy principles and the findings of research. **Applied Biology (1 unit)** shall be a laboratory-oriented. Rational thinking skills. The student shall be provided opportunities to organize thought processes which will contribute to personal well-being (medical decisions and nutrition). Science knowledge. The student shall be provided opportunities to acquire biological information to maintain the individual's well-being (human body systems; diseases: prevention, symptoms, and treatment; and plant and animal systems: vascular and life cycles). Applications of sciences. The student shall be provided opportunities to: • consider the consequences of personal actions (pollution, health practices, and products and services); and • apply biological knowledge in a manner that results in optimum benefit for society (research participation in public affairs, and public service).

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Comprehensive Home Economics (1 unit) shall be a laboratory-oriented course. Concepts and skills related to family living. The student shall be provided opportunities to: • apply techniques to develop self-awareness and skills for self-direction; • analyze factors involved in socially responsible behavior; • apply techniques which contribute to positive relationships with family, peers, authority figures, and others. **Individual and Family Life (1/2 unit)** Concepts related to adult roles. The student shall be provided opportunities to: • summarize responsibilities of living as an independent adult; • determine decisions to be made in interpersonal relationships and implications for the future. Concepts and skills related to special concerns in the family. The student shall be provided opportunities to: • discuss potential family problems and crises; • describe methods for preventing and coping with family problems and crises. **Family/Individual Health (1/2 unit)** Concepts and skills related to personal health and wellness. The student shall be provided opportunities to: • analyze individual and family health decisions, influencing factors, and implications; • outline principles of good personal health. Concepts and skills of home health care for the sick. The student shall be provided opportunities to explain the causes, symptoms, methods of transmission, and prevention of communicable diseases. **Parenting and Child Development (1/2 unit)** Concepts and skills related to the decision to parent. The student shall be provided opportunities to: • summarize the responsibilities of human sexuality; • project how one's present behavior impacts future goals; • discuss the roles and responsibilities of parents at different stages of the family life cycle; • relate the effects of life styles and cultures on parenting behavior.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Advanced Child Development (1/2 unit) Concepts and skills related to parenthood. The student shall be provided opportunities to: • describe responsibilities of parenting; • summarize the financial impact of children on the family; • discuss social, emotional, intellectual, and physical factors related to parenting; and • describe responsible behavior in prevention and control of disease. Concepts and skills related to prenatal and postnatal care. The student shall be provided opportunities to: • describe the stages of prenatal and neonatal development; • outline the impact of genetics, environment, and mother's health on prenatal development; • identify neonatal care essential to the well-being of the child; and • describe postnatal care essential to the well-being of the mother. Concepts and skills related to the development of children. The student shall be provided opportunities to: • identify developmentally appropriate sex-related information for children of different ages; • point out the impact of parenting/caregiver practices on a child's self-esteem. Concepts and skills related to special needs. The student shall be provided opportunities to: • describe methods for identifying children with special needs; • summarize forms, causes, effects, prevention, and treatment of child abuse. **The following essential element shall be common to all coordinated vocational-academic education (CVAE) courses.** Concepts and skills related to personal development. The student shall be provided opportunities to understand the methods for attaining and maintaining physical health.

Adapted from *Criteria for Evaluating an AIDS Curriculum*,
National Coalition of Advocates for Students

Cultural Sensitivity for HIV Prevention Educators

Thoughts, comments and interviews by Dr. Maria Natera, Multicultural Educational Consultant, former Principal and classroom bilingual educator.

Approaches for Students and Teachers

Teaching is a demanding and risk-filled profession (Pullias and Young, 1976), but when done well, *it is a deeply rewarding one.* Good teaching requires both an understanding of mainstream America and a willingness to learn about ethnic groups and aspects of their lives and values that differ from ours.

Before I address some cultural specifics and the challenge of HIV prevention education, I must assure you that I know this leaflet cannot do justice to the problem. There is no attempt to be comprehensive or to deal with all minority cultures; the purpose is to suggest *paths of thought* rather than to make a full exploration of those paths. These views have helped me and have seemed to help some of my colleagues.

Cultural Specifics for Teaching Effectiveness

By the year 2000, one out of every three elementary and secondary school students in the United States will be a member of an ethnic minority. In California and many other states, multiethnic students will make up the majority of the school population (NEA, 1987).

Each year, school districts introduce thousands of new teachers into the profession. Most of these new teachers, as well as many veteran teachers, will have had no methodology classes on teaching the limited English-speaking child and will have had no training in cross-cultural communication.

When I interviewed new and veteran teachers about preservice instruction, they often expressed concern that their student teaching experience was monocultural. These quotes from new teachers provide some insight into the importance of addressing cultural sensitivity issues in preservice courses.

> "In preservice training I wish they had taught something about how to communicate with Hispanic parents. I found that my first parent conferences went rather poorly, due in part to my discomfort with how quiet the mother was and how the father did all the talking. I was also uncomfortable with what I perceived as their low academic expectations for their children."
>
> Pamela Madera, Elementary Teacher.

> "In preservice training I didn't learn to work with language and cultural differences. Fortunately, my district has a program for new teachers. However, I have three friends in another district who were dynamic just a year ago in graduate school, but are planning to leave the profession at the end of the year, due to the difficult assignments, the unrealistic preservice program and the lack of a supportive program at their schools."
>
> Kenneth Williams, Elementary Teacher.

> "I had no training in strategies for students unable to focus on learning due to the trauma of war, death, drugs and poverty. The students wrote about guns, losing family members, fear of deportation, and I felt that I needed sensitivity training. With experience, I learned to talk with my students one to one and build trust. When I was afraid or threatened, I was quite distant from my students and with their parents."
>
> Ellen Gee, High School Teacher.

> "Students know when I am uncomfortable with them—how sometimes I don't understand them, their parents or their apathy or poverty. Before I can teach them, I must get to know them."
>
> Deb Clay, Middle School Teacher.

Future teachers need help in comprehending the complexities of their first assignments, including a cultural exploration of who their students are and why they act the way they do. The United States is a multicultural community.

According to Edward T. Hall in *Beyond Culture* (1981), the study of cultures and the consideration of ethnicities is especially important for Americans, because they are generally intolerant of differences and have a tendency to consider something different as inferior. U.S. schools use competition as a primary method for motivating students and stress the importance of the individual. These values are part of American culture and are not shared by all cultures.

Many of our values may be unconscious, which can increase the difficulty of intercultural communication. Therefore, cross-cultural learning in the schools becomes a necessity. Cultural sensitivity means more than education, teaching or training. In multi-ethnic classrooms, cultural sensitivity means that the ***how*** of communication is at least as important as the ***what***.

Seven Capacities for Cultural Sensitivity

I am convinced that teachers inevitably teach lessons based on their own beliefs and values. Hence, a commitment to becoming culturally sensitive is an essential ingredient in your success as a teacher. As you consider the following *capacities*, do some personal introspection. Ask yourself, "Which capacities are currently my personal qualities? Which ones might need further development? How might I, as a future teacher, develop a greater level of cultural sensitivity?"

1 *The capacity to communicate respect*—to transmit, verbally and nonverbally, positive regard, encouragement and sincere interest.

2 *The capacity to personalize knowledge and perceptions*—to recognize the influence of one's own values, perceptions, opinions and knowledge of human interaction, and to regard such as relative, rather than absolute.

3 *The capacity to display empathy*—to try to understand others from their point of view, to attempt to put oneself into others' life space and to feel as they do about the matter under consideration.

4 *The capacity to be nonjudgmental*—to avoid moralistic, value-laden, evaluative statements, and to listen in such a way that others (students, colleagues or friends) can fully share and explain themselves.

5 *The capacity for role flexibility*—to be able to get a task accomplished in a manner and time frame appropriate to the learner, and to be flexible in the process for getting assignments done, particularly with reference to participation and group activities.

6 *The capacity to demonstrate reciprocal concern*—to take turns talking, share the responsibility for interaction, and in group work, promote circular communication. Refining listening skills reinforces the capacity to demonstrate reciprocal concern.

7 *The capacity to tolerate ambiguity*—to be able to cope with cultural differences, to accept a degree of frustration and to deal with ever-changing circumstances and people.

(Adapted from the Canadian International Development Agency model as described in *Managing Cultural Differences*, Harris and Moran, 1979.)

These capacities overlap and interrelate. Consider the variety of capacities addressed in the following examples:

- Teachers have many ways of showing trust and respect to students. Teachers communicate respect and trust in the way they respond to questions, the privileges they grant and the way they express discontent. They have a responsibility to communicate their respect for the variety of cultures represented in their classrooms.
- Different cultures have different values, beliefs and characteristics. Teachers need to understand the cultural backgrounds of their students. They should be aware of and sensitive to religious beliefs and customs and considerate of home situations.
- Many factors in our society have contributed to a reduction in the amount of time parents are able to spend with their children. Single parents may not be able to devote much time to assist children with homework. Parents with limited English ability may not be able to assist their children with certain assignments. Teachers need to consider these factors when planning lessons and making assignments.
- When addressing issues related to disease, it is important to remember that different cultures have different belief systems regarding disease and illness. It may be necessary to assume the learner role and allow students to share their belief systems. This enlightenment will enable the teacher to adapt lessons to allow for multicultural beliefs, thus promoting a better understanding of disease.
- To provide models for effective group interaction, teachers must surrender the role of authority and take a place alongside their students. Encourage each student to work as a member of the group to achieve certain goals. By being alert and sensitive, teachers can provide opportunities for students to express themselves and to clarify their feelings.

"Culture teaches us what to value, and what to fear, which behavior signals to watch for in others, and which to send, which words to use and which to avoid" (Harris and Moran, 1979). It is important to recognize the attitudes we hold and assumptions we make about other groups. These assumptions usually are unconscious. The importance of our behavior is apparent in the saying: "Your actions speak so loudly, I can hardly hear what you say." We must see ourselves as others see us before we can seek an objective view of our students.

HIV Issues and Minority Populations

"AIDS is disproportionately affecting People of Color, particularly in the Black and Hispanic communities" (Gerald, 1988). The County of Los Angeles Commission on Human Relations held a hearing on AIDS and the minority populations in winter 1988. According to Carol Chang, Human Relations Commissioner, some commonalties surfaced as representatives from the Black, Latino, Native American, Asian and Pacific Islander communities testified.

The most alarming common thread in the testimony was the difficulty these communities have in acknowledging the problem of HIV. This is due in part to cultural stigmas and lack of knowledge. Latino health workers reported that it is very difficult for some Latinos to accept ideas that contradict moral beliefs. For example, Latinas cannot bring themselves to suggest the use of condoms, because they are not supposed to know about such things as sex, homosexuality and substance abuse.

These minority groups also have difficulty acknowledging homosexuality (Chang, 1989). The invisibility of homosexuals, because many do not self-identify as gay or bisexual even though they may engage in sex with other males, complicates the issue.

Drug usage is a concern among these groups, particularly as it relates to HIV. Pacific Islanders (Samoans) report a high level of intravenous drug usage. Thirty-six percent of the Black and Latino cases of AIDS occur among intravenous drug users, compared to only 6 percent among Whites (Gerald, 1988). Native American groups with high numbers of substance abusers report a need to have the mainstream culture help strengthen their social culture, not to destroy it as they learn about the dangers of HIV (NEA, 1987).

The commission also found that in minority communities medical resources are often poor, and community members feel isolated and generally do not have health insurance. "The AIDS health crisis exacerbates the underlying poor health and poor socioeconomic conditions among America's racial and ethnic minorities" (Gerald, 1988).

Clearly, culturally sensitive education about HIV and AIDS must be directed at all members of our population if we are to effectively stop the spread of this terrible disease. It is imperative that HIV and AIDS information and education be available to minority youngsters by early adolescence. For HIV prevention messages to effectively reach the minority populations, general education programs must be reinforced by culturally sensitive teaching strategies.

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Legal Issues

I. FEDERAL AND STATE LAWS

A. Federal Laws

RIGHTS OF STUDENTS AND EMPLOYEES WITH HIV INFECTION OR AIDS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973

In short, Section 504 requires the school to make reasonable accommodations in order to allow an infected staff member or student to remain in his or her present assignment unless he or she is carrying a disease that is easily communicable in a school setting.

Section 504 of the Rehabilitation Act of 1973 has been used successfully by both students and staff members infected with a contagious disease to require that schools allow them to remain in the school setting. This section states that "no otherwise qualified individual…shall, solely by reason of his handicap, be excluded from participation, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal Financial Assistance…"

The Act defines a handicapped person as any person who
(1) has a physical or mental impairment that substantially limits one or more of such person's major life activities,
(2) has a record of such an impairment, or
(3) is regarded as having such an impairment.

In determining whether a person handicapped with a contagious disease is "otherwise qualified," the following factors must be considered:

- how the disease is transmitted
- how long the carrier is infectious
- potential harm to third parties
- probability that the disease will be transmitted and will cause varying degrees of harm.

Section 504 also requires that the school make any "reasonable accommodations which allow the handicapped person to be otherwise qualified."

Courts across the United States have had to consider whether teachers and students with communicable disease may remain in the school setting.

JUDICIAL DECISIONS

1. An elementary school teacher was dismissed after suffering a third relapse of tuberculosis within three years. The teacher brought suit alleging that the School Board's decision to dismiss her because of her tuberculosis violated Section 504 of the Rehabilitation Act of 1973. The court held that a person suffering from the contagious disease of tuberculosis can be a handicapped individual with Section 504 and that Section 504 protects the teacher from dismissal on the ground of her disease unless her contagiousness renders her not "otherwise qualified" for the job.
   School Board of Nassau County v. Airline. 94 L.Ed.2d 307 (1987).

2. A certified teacher of hearing-impaired students was diagnosed as having AIDS. Subsequently, the Department of Education reassigned him to an administrative position and barred him from teaching in the classroom. The teacher filed suit claiming the Department's action violated Section 504 of the Rehabilitation Act of 1973. The court held that the teacher was not required to disprove every theoretical possibility of harm to obtain preliminary injunction reinstating him to classroom duties. The court stated that the possibility of fear and apprehension in parents and students on the teacher's return to the classroom was not grounds to deny the teacher's preliminary injunction returning him to the classroom.
   Chalk v. U.S. District Court, 840 F.2d 701 (9th Cir. 1988).

3. A five-year-old child diagnosed with AIDS had been admitted to kindergarten and attended without incident for three days. On the fourth day, the child was involved in an incident with another student in which the child bit the other student's pants leg. Although the child's skin was not broken, the infected child was removed from the classroom and required to undergo a psychological evaluation. The court held the child was a handicapped child within the meaning of Section 504 and that he was otherwise qualified to attend regular kindergarten class. The court used the psychologist's findings that the child might be prone to aggressive behavior because of his inferior level of language and social development. The doctor did not, however, predict that the child would bite again. The court weighed the risks and benefits of both the child and others in the school and reached the conclusion that the rights of the child prevailed.
   Thomas v. Atascadero Unified School District, 666F. Supp 1524 (M.D. Fla 1987).

4. A trainable mentally handicapped child with Downs Syndrome was diagnosed as having infectious Hepatitis Type B. The child also repeatedly tested positive for an antigen indicating a degree of infectivity many times higher than other carriers of the Hepatitis B virus. The local school district determined that the child should be placed in a homebound program. Administrative proceedings were brought to allow the child to interact in a school setting with other handicapped children. The State Superintendent of Education determined that the child should be mainstreamed because under the particular circumstances of the case, the risk of transmission of the disease did not outweigh the injury to the child if she remained isolated from her peers. The court affirmed this decision.
   Community High School District 155 v. Denz, 463 N.E. 2d 998 (Ill. App. 2 Dist 1984).

5. A student was diagnosed as a carrier of the AIDS virus. His symptoms included oral thrush and a cold sore on the upper lip. The student had no diarrhea or abnormal bodily secretions and had never exhibited aggressive behavior. The School Board excluded the student from attending regular education classes and extracurricular activities on the basis of his disease. The court found there was no significant risk of transmission of the AIDS virus in the classroom and ordered a preliminary injunction prohibiting the School District from excluding the student from attending full-time curricular and extracurricular activities.
   Doe v. Dolton Elementary School Dist. No., 148 F. Sup. 440 (N.D. Ill 1988).

B. State Laws

1. STAFF DEVELOPMENT OR INSERVICE TRAINING

   Texas Education Code: 11.208(b)

   The State Board of Education by rule shall encourage inservice training for all school employees and volunteers regarding HIV infection.
   Texas Education Code, 11.208(b).

   The State Board of Education shall require more intensive HIV inservice training for teachers, counselors, and other persons employed in programs related to comprehensive health education, substance abuse prevention, or prevention of sexually transmissible diseases, HIV, and AIDS than for other school employees.
   Texas Education Code, 11.208(b).

2. CONFIDENTIALITY

HEALTH 7 SAFETY CODE, SECTION 81.103, SECTION 81.103(b)(5), SECTION 81.103(d), SECTION 81.103(j), TEXAS EDUCATION CODE 21.928.

A. Confidentiality of Test Results

A test result is confidential. A person who possesses or has knowledge of a test result may not release or disclose the test result may not release or disclose the test result or allow the test result to become known except as permitted by the Texas Health & Safety Code, Section 81.103.

B. Disclosure Without Consent

A test result may be released to a physician, nurse, or other health care personnel who has a legitimate need to know the test result in order to provide for his or her own protection and to provide for the patient's health and welfare.
Texas Health & Safety Code, 81.103(b)(5).

C. Disclosure With Consent

1. A person tested for AIDS or HIV infection may voluntarily release or disclose his or her test results to any other person and may authorize the release or disclosure of the test results.
2. A person legally authorized to consent to the test for AIDS or HIV infection may voluntarily disclose or release that person's test results to any other person and may authorize the release or disclosure of the test results.
3. An authorization to disclose or release test results must be in writing and signed by the person tested or the person legally authorized to consent to the test on the person's behalf.
Texas Health & Safety Code, 81.103(d).

D. Scope of Consent

The authorization to disclose or release test results must state the person or class of persons to whom the test results may be released or disclosed.
Texas Health & Safety Code, 81.103(d).

E. Criminal Penalties for Unlawful Disclosure

1. A person commits an offense if, with criminal negligence and in violation of the Texas Health & Safety Code, 81.103, the person releases or discloses a test result or other information or allows a test result or other information to become known.

2. An offense under this subsection is a Class A misdemeanor.
Texas Health & Safety Code, 81.103(j).

F. Medical Records Maintained by the School District

1. A school administrator or teacher is entitled to access a student's medical records maintained by the school district only if the administrator or teacher has completed inservice training on HIV infection and AIDS. (Note, Health and Safety Code 81.103 creates a higher duty of confidentiality regarding HIV and AIDS.) Any record regarding HIV/AIDS should be separated from other medical records.

2. A school administrator or teacher who views medical records under this section shall maintain the confidentiality of those records.
Texas Education Code, 21.928, effective Sept. 1, 1989.

4 4

Confidentiality and medical records access are closely linked to the often asked question, "Who needs to know the status of an HIV positive student?" This question is addressed in (2) below:

The only district employees who shall have access to medical records that a student has or has not been tested for, or does or does not have AIDS or HIV infection, are professional personnel who meet both of the following criteria:

1. Have received HIV staff development training that complies with the Texas Education Code 11.208.

2. Have a legitimate need to know in order to provide for their own protection or to provide for the student's health and welfare.

However, the parents of a minor student or an adult student may give written authorization specifying other persons or positions to whom such information may be released. District personnel who have such knowledge shall be provided with information concerning any precautions that may be necessary and shall be advised of confidentiality requirements.

3. RISK OF TRANSMISSION, RISK TO AFFECTED STUDENT, AND REFERRAL TO SPECIAL PROGRAMS

The district medical advisor and the local health authority, in consultation with the person responsible for the school health program and the student's doctor, shall determine whether a significant risk of transmission exists. If it is determined that a significant risk of transmission exists, the student may be temporarily removed from the classroom until one of the following events occurs:

1. An appropriate school program adjustment is made.
2. An appropriate alternative or special education program is established.
3. The local health authority determines that the significant risk has abated and the student can return to class.

Each removal of a student from school attendance under this circumstance shall be reviewed by the district medical advisor in consultation with the student's doctor at least once a month to determine whether the condition precipitating the removal has changed.

A decision to remove a student from the classroom for his or her own protection when cases of communicable diseases are occurring in the school population shall be made in accordance with Texas Department of Health guidelines ; however, the placement, of a special education student can be changed only by an ARD committee.

A student removed from the classroom under this policy may be referred to the ARD committee for assessment and a determination of eligibility for special education. A student determined to be ineligible for special education services may nevertheless be eligible for other special services as a student who is handicapped under Section 504 of the Rehabilitation Act of 1973.

Any decisions regarding restriction on school attendance, participation in school activities, and hygiene procedure shall be made by the ARD committee (in the case of a special education student) or by a group of professionals who are knowledgeable about the student (in the case of a student who is handicapped under Section 504). These committees shall consult the local health authority and the student's physician and parents in making such decisions. They shall also consider the significant health risk posed to and by the student in determining an appropriate individual education plan or other services to be provided.

II. ADDITIONAL INFORMATION PERTAINING TO HIV LEGAL ISSUES

A. INFORMED CONSENT

Informed consent requires two stages. First, a person making a choice must understand what the choice is, what alternatives exist, and the probable risk/benefits of the choice or alternatives. Second, the person agrees to a course of action. In securing permission from a person to reveal his or her HIV serostatus or revelation of other health conditions, the professional offering information should be knowledgeable, patient, and supportive. No coercion should be used at any point in an effort to obtain a signature on a consent form. Two sample informed consent statements, one for staff and one for student/family, are given as examples on the following pages.

Situations may arise where a party refuses to give consent. For example, in situations where rumors exist of a child's serostatus but where no epidemiological risk to others is apparent and the child's parents have not requested or have refused assistance, the Communicable Disease Response Team could simply arrange for general reassurances concerning the lack of risk of HIV transmission in the school setting without reference to any specific child. If epidemiological risk might be a factor and the parent has not asked for or refuses assistance, a team member may in good faith seek advice of state or county health department officials. This can be accomplished by describing the situation without using identifiers for protection of confidentiality. Similar strategies can be used for analogous situations with staff members.

B. SCHOOL PLAN FOR SUPPORT FOR THE HIV-INFECTED

In numerous areas of the state, the schools and churches are the primary institutions in the life of many families. In cases involving school-age children or teens with HIV infection, parents may have few places to turn for support. Thus schools may also find themselves in the unique position of responding to the student/family's needs. Remember that the decision to inform school personnel of a child' s HIV status is in the hands of the parent or guardian and that strict confidentiality of that information must be maintained unless written release is given by that parent or guardian. Likewise, in the instance of an HIV-infected staff member, the school can offer a supportive environment for an individual facing the possibility of life-threatening illness.

When school personnel learn of a person's infection with the HIV, the school has the opportunity to assist a family in need. The initial response will leave a lasting impression with the student or staff member and his or her family. Furthermore, the school response may help set the tone for the response of the community at large.

The effort* can include combinations of the following:

- plan for educational/employment program
- identification and, where applicable, provision of appropriate psychological support systems
- provision of information and assistance with referral to appropriate community services for the staff member or student and his or her family
- a conference with the HIV-infected person's primary physician regarding his or her health needs, if appropriate

*The extent of a school-based effort is determined by the individual's or family's requests for assistance.

C. DISTRICT COMMUNICABLE DISEASE RESPONSE TEAM

A district Communicable Disease Response Team can develop responses and plans for handling issues relating to HIV-infected staff/students. This team should be three or four knowledgeable and professionally trained persons. If the district already has a Crisis Team, this team could assume these responsibilities. However, the team members must be prepared to deal with the potential controversy engendered by public reactions to HIV infection and AIDS.

A district spokesperson should also be appointed to provide public information and to respond to media coverage as needed. This person could be a member of the Communicable Disease Response Team. He or she should be knowledgeable, credible, articulate, and diplomatic.

It is impossible to envision all of the possible situations that may occur as a result of the presence in a school of an HIV-infected person. Therefore, this section is meant to offer general ideas about an appropriate course of action.

In situations where a parent has requested assistance, team members would be notified only if the parent signs an agreement that information be shared with team members. In situations where rumors exist of a child's serostatus but where no epidemiological risk to others is apparent and the child's parents have not requested assistance, the team would simply arrange for general reassurance concerning the lack of risk of HIV transmission in the school setting without reference to any specific child. A diagram on the following page summarizes these possibilities.

If epidemiological risk might be a factor and the parent has not asked for assistance, a team member may in good faith seek the advice of county or state health department officials. For the protection of confidentiality, the team member should describe the situation. Similar strategies can be used for analogous situations with staff members.

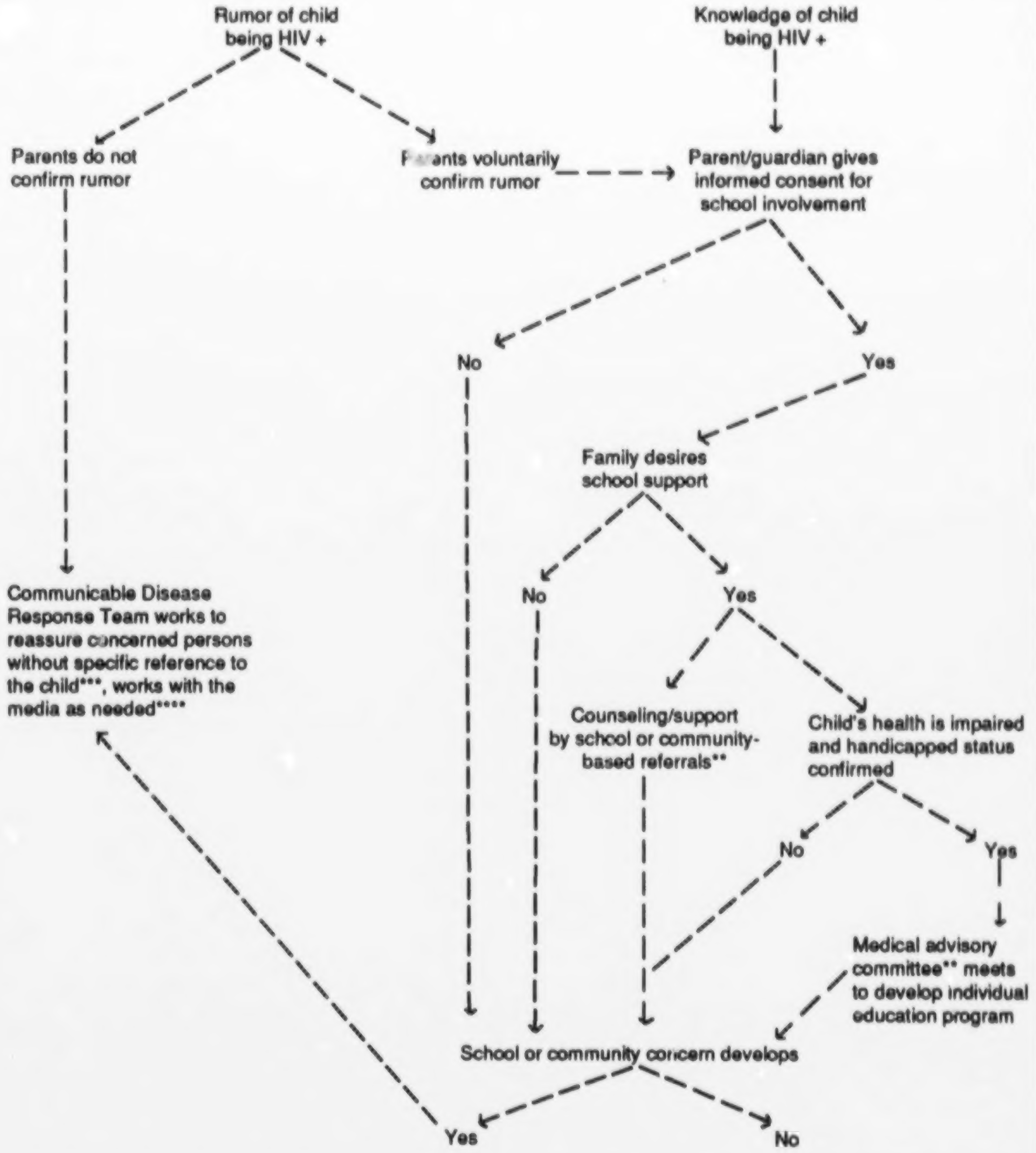
adapted from the *Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Series

TIME FRAME: BEFORE, DURING, AND AFTER NOTIFICATION CONCERNING HIV-INFECTED PERSONS

	BEFORE	DURING	AFTER
Roles for the staff	• Provide training on HIV infection and disease. • Establish policy/procedures. • Encourage staff to discuss potential issues. • Inform staff of AIDS resources and support. • Train a Communicable Disease Response Team (if desired). • Include AIDS Advisory Council in planning.	• Confer with district medical consultant and public health official(s). • If appropriate, conduct a staff meeting to review AIDS prevention and risk reduction information policy and procedures. • Comply with federal and state laws. • Utilize Communicable Disease Response Team.	• Provide support as needed. • Reinforce positive behaviors. • Anticipate need for grief counseling. • Utilize Communicable Disease Response Team as appropriate.
Activities for the student body	• Integrate developmentally appropriate AIDS prevention and risk reduction education into PreK-12 instruction. • Encourage student leadership and peer education on AIDS issues and education. • Provide support and counseling services as needed.	• Designate locations for students to obtain support from selected health and counseling personnel who have had intensive AIDS staff development inservice.	• Maintain support service as necessary. • Reinforce positive behaviors. • Anticipate the need for grief counseling. • Respond to individuals or groups seeking problem-solving and decision-making skills and accurate information.
Activities on behalf of the staff member or student/family with AIDS virus infection*	• Not applicable	• Inform the individual and/or family of privacy rights. • Secure informed consent for any release of identifiable information. • Include the staff member or student/family whenever possible and appropriate in plans, responses, and activities. • Provide immediate, consistent psychological/social and medical support. • Make referrals to appropriate community services.	• Maintain support and open communication.
Roles for the school board	• Review and adopt policies and procedures.	• Support staff.	• Provide input and support as needed.
Roles for the AIDS advisory council	• Assist in review of policy, curriculum choices, and other matters concerning HIV/AIDS.	• Assist in supporting school-based efforts.	• Assist in supporting school-based efforts.
Activities directed toward the local community *Written informed consent must be secured.	• Provide AIDS education, including reference to policy, for parent organizations, civic groups, etc. • Utilize local Community Action Group (CAG) where appropriate. • Establish rapport with local media.	• Notify public health officials, if necessary. • Respond to media and make contact as appropriate.	• Maintain community resources and networks. • Continue community care, support, concern, and education on AIDS related issues.

Adapted from *Working Together: Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Services, 1990

POSSIBLE SITUATIONS INVOLVING HIV-INFECTED STUDENTS*


Rumor of child being HIV +
Knowledge of child being HIV +
Parents do not confirm rumor
Parents voluntarily confirm rumor
Parent/guardian gives informed consent for school involvement
No
Yes
Family desires school support
No
Yes
Communicable Disease Response Team works to reassure concerned persons without specific reference to the child***, works with the media as needed****
Counseling/support by school or community-based referrals**
Child's health is impaired and handicapped status confirmed
No
Yes
Medical advisory committee** meets to develop individual education program
School or community concern develops
Yes
No

---

* Analogous situations might occur in instances of an HIV-infected staff member.

** Any individuals to be informed of child's serostatus must be named in informed consent statement signed by parent/guardian.

*** The school's "Crisis Team" could function in this capacity.

**** Even in situations where several persons have "found out" the child's identity, the school spokesperson can still model correct confidentiality procedures.

Adapted from *Working Together: Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Services, 1990

TEXAS
EDUCATION
AGENCY 1701 NORTH CONGRESS AVENUE • AUSTIN, TEXAS 78701-1494 • (512) 463-9734

September 16, 1992

TO THE ADMINISTRATOR ADDRESSED:

SUBJECT: Implications for HIV/AIDS Educational Programs and Policies

Texas educators today face the undeniable need to know the basic facts about AIDS. For example, they should understand that, for the majority of cases, AIDS is a completely preventable disease. In addition, educators should recognize that education is the most effective preventive measure known against the transmission of HIV, the virus that causes AIDS.

To help educators meet their responsibilities related to HIV/AIDS education, the Texas Department of Health and the Texas Education Agency are jointly issuing the enclosed statement. The statement expands on guidelines distributed in 1985 and in 1987 and includes topics of current concern.

Sincerely,

Lionel R. Meno
Commissioner of Education

David R. Smith, M.D.
Commissioner of Health

HIV/AIDS: IMPLICATIONS FOR EDUCATIONAL PROGRAMS AND SCHOOL POLICIES

Many Texans who have AIDS are aged 20-29. In fact, over 700 cases (22% of the total) were diagnosed with AIDS in this age group as of the summer of 1992. This statistic has significance for Texas educators. Because the period between infection and the onset of symptoms may be as long as 10 years, hundreds of persons with AIDS today were teenagers when they were initially infected. They were attending junior and senior high schools across the state.

The implications of this fact suggest that farsighted Texas school administrators will:

- implement HIV/AIDS education programs
- develop policies related to HIV/AIDS issues

To support these tasks, the Texas Department of Health and the Texas Education Agency are jointly issuing this statement. The statement expands on guidelines that were issued in 1985 and in 1987 and includes topics of current concern.

IMPLEMENTATION OF EDUCATION PROGRAMS

Educators need to be aware of the impact of AIDS on Texas youth and to recognize that education is the most effective preventive measure known against the transmission of HIV, the virus that causes AIDS.

Well-designed HIV/AIDS education programs teach students skills to help them modify their behaviors. A curriculum published in Fall 1992 by the Texas Education Agency is Education for Self-Responsibility: Prevention of HIV/AIDS and Other Communicable Diseases (ESR III). Programs such as ESR III help students replace risky practices with safe or safer practices, thus preventing or reducing the risk of infection. An important characteristic of effective programs is that they are grade-level appropriate. When correctly implemented, they constitute one component of a comprehensive school health program.

The need for HIV/AIDS education programs is underscored by recent research that indicates teenagers are greatly at risk of being infected because of their high rates of sexual activity. In Texas, heterosexual transmission of HIV accounts for the highest percentage of increase for all modes of exposure.

In light of the continuing spread of HIV, Texas administrators are urged to implement systemwide programs for educating students, parents, and employees on the nature and effects of HIV/AIDS and how to prevent infection.

DEVELOPMENT OF APPROPRIATE POLICIES

In addition to implementing effective educational programs, farsighted educators and administrators will develop well-founded policies. For example, based on the increasing number of HIV infections in Texas, educators should assume that every school has a student or staff member who will, at some point, disclose his or her infection. Schools must be prepared for this situation. Prudent administrators will develop policies that are written in clear language and will review and revise these policies annually.

Policies Related to Students

Educators are encouraged to keep the following points in mind when developing policies related to students:

- The Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS) and other HIV-related conditions, is not transmitted in everyday school settings. An HIV-infected student need not be excluded from school unless certain conditions are present. These conditions are listed on the "Communicable Disease Chart for Schools and Child Care Centers" (TDH Stock #6-30). Infectious organisms such as Rubella, measles, and chicken pox may pose problems for the HIV-infected student. When a case occurs in a school, the parent/guardian and physician of any immunocompromised child should be advised of the situation so that they may decide if the child should attend school while such cases are occurring.

- Precautions should be taught to and followed by everyone who may come in contact with blood or body fluids. Following such precautions will reduce the risk of infection by blood-borne pathogens and infectious agents, including HIV and Hepatitis B virus. In particular, all health professionals employed by schools must follow the universal precautions stated in the Texas Health and Safety Code, §§85.201-206. Guidelines for universal precautions may be obtained from the Centers for Disease Control in Atlanta and from the Texas Department of Health's Infection Control Manual (second edition).

- Contact sports pose no special risk of HIV transmission as long as universal precautions are followed for injuries involving blood.

- Confidentiality of information concerning an individual's HIV status must be strictly maintained. This confidentiality is mandated by statutes that are more restrictive than for other medical conditions. Negligent and unauthorized disclosure of information concerning the HIV status of a student or staff member may result in civil and criminal penalties (Texas Health and Safety Code, §§81.103-.104).

- Routine screening for the presence of antibodies to HIV is unnecessary and inappropriate in preventing the spread of HIV.

Policies Related to Staff

When developing policies related to HIV infection among administrators, teachers, and other school employees, administrators should note the following:

- HIV-infected employees in the ordinary course of their duties do not pose a risk of infecting others at school. The activities that transmit the HIV virus, i.e., sexual activity and illicit drug use (injecting), are not tolerated in any school setting. Therefore, segregation of infected employees in the use of school services and facilities is unwarranted and should be avoided.

  Continuation or termination of an HIV-infected employee is a management decision to be guided by the same policies that apply to other diseases that are not a danger to students or coworkers. Medical opinion and legal advice should be routinely sought in making such a decision. Questions to be answered in arriving at the decision include:

  - Can the employee perform the essential functions of the specific job?
  - If not, can the job be modified?
  - If not, is there some other job within the school setting that can be performed satisfactorily by the employee?

- The Texas Association of School Boards has available a model set of policy guidelines on disabling conditions and communicable diseases, including HIV, for administrators' use in shaping districts' policies.

For additional information on HIV/AIDS issues, educational programs, and policies, contact:

Charles E. Bell, M.D.
Bureau Chief
Bureau of HIV and STD Control
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756
(512) 458-7463

Sunny Thomas-Allcorn, R.N.
Director
Comprehensive School Health Programs
Texas Education Agency
1701 North Congress Avenue
Austin, TX 78701
(512) 463-9501

GETTING YOUR DISTRICT READY FOR A RATIONAL APPROACH TO STUDENTS AND STAFF WHO ARE INFECTED WITH HIV

As a school official, sooner or later you will receive the inevitable phone call telling you that a student or staff member is infected with HIV or has AIDS. What you do now will help determine if there is a full-blown crisis or if the situation is handled confidentially, compassionately, and effectively. The following sections discuss collaborative policy development and planning to handle a potential crisis.

Collaborative Policy Development

The way you develop policies about communicable diseases, such as HIV, and the way you educate others about those policies is critically important. Therefore we suggest that you:

Develop policies collaboratively with health and education officials and staff members to reflect education, health, and legal requirements;

Review and revise your policies annually to reflect the latest research from reliable sources about the disease;

Write policies in clear language so that a wide variety of people, including students, can understand them; and

Write or review your policies now.

A good policymaking process includes the following elements, whether the issue is drug education, teen pregnancy prevention, textbook selection, or cases of HIV infection. The ten basic steps are:

Step 1: Gather existing information on state and federal laws and model policies, existing district policies, and the most current scientific and medical information. In states that have collective bargaining agreements, the adoption of the policy may be a subject for bargaining between the school board and the employee union.

Step 2: Identify sources for assistance, including local community experts, and state and national agencies and organizations.

Step 3: Form the committee that will develop the policy. The committee should include a broad range of community representatives who offer diverse perspectives on the issue, for example, the health department, parents, the clergy, hospitals, and the PTA. Try to involve as many constituents and community special interest groups as possible, such as those who work with intravenous drug users, runaways, and the homeless youth so that you can obtain a full range of opinions and broad support.

School representatives, including: administrators, teachers (including representatives of associations and unions), students, clerical workers, building maintenance workers, school nurses, cafeteria workers, bus drivers, support staff, and other employee unions.

Step 4: Educate the committee and hold a study session for the school board about HIV infection and other relevant issues, thereby providing an opportunity for members to share their knowledge, attitudes, and fears. You may want to invite a noncommittee medical or public health expert from, for example, the state health department, to give a presentation and answer questions.

Step 5: Identify the policy issues that must be addressed. Find out which issues are already covered by state and federal law. Then, develop a list of topics that must be addressed. These would include: the procedure for evaluating the job placement/educational program of infected staff and students, provisions for review and appeal, "universal precautions" and other guidelines for handling body fluids, considerations for special education students, confidentiality, and student and staff education.

Step 6: Prepare a first draft of the policy. Have committee members share this draft with their constituencies, gather opinions, and report back to the full committee.

Step 7: Prepare the final draft of the policy.

Step 8: Present the draft to the school board. Begin the policy adoption process, which may include public hearings.

Step 9: Inform the community about the policy. Hold information sessions for the media and concerned groups such as the PTA.

Step 10: Set guidelines for periodically reviewing and evaluating the policy.

In summary, there are four important points:

1. A policy development process is an educational process. The process of making policy, if sound, will reveal soft points where additional work is needed. A good process is creative and can change people's minds.

2. The process of policymaking may be as important-or more important-than the policy itself.

3. Though it may seem like re-inventing the wheel, policies must be "homegrown" to be effective. Local districts need to develop their won policies. Even if several districts adopt the same policy, it is essential to the policy's success for communities to make it their own.

4. A policy is only as good as the message that is conveyed to the general public. This means that policymakers must find effective ways of educating the community.

Planning to Manage a Crisis

Even if you have a sound communicable disease policy, a day may arrive when the presence of a student or staff member infected with HIV or diagnosed with AIDS causes some community members to become alarmed. The best way to avoid this situation is to have already developed policies collaboratively and to have educated the community about HIV and the rationale for the policy. Still, since an unexpected crisis may cause considerable damage, policymakers should accompany their policies with an action plan. This plan will outline who will manage a potential crisis and what they will do.

Critical elements of an action plan to manage a crisis:

By what it says and what it does, the district must convey its effective management of the situation.

Act with confidence, even if you are in a new situation and are not completely sure what to do. If you do not provide strong management, a vacuum will develop that is likely to be filled by destructive leadership. This can damage all your best efforts in developing a policy and educating the community.

Identify a single, effective spokesperson who can represent the district in a calm, well-informed, and sensitive manner. The spokesperson would be a board member or top school official who receives special preparation for this role. Once a spokesperson is chosen to handle a crisis, he or she should be the only person speaking publicly on the issue. The school community should know the spokesperson's identity so that they can refer media questions to the person.

Consistency of the message is essential in reassuring the community that the matter is being handled competently. When training spokespersons, use analogies. For example, board members should not discuss child abuse cases with the press. Similarly, the district must protect the confidentiality of an persons who is infected with HIV.

Use your connections (for example, with the PTA and the clergy) to reach out to those who may not be typically involved in a crisis, but are leaders in the community, formally or informally.

Make certain that procedures to protect the confidentiality of the infected student or staff member are "airtight." Even if there is some public knowledge about the case, the school district must never disclose the person's identity, location, or even gender. In some cases, people who are infected with HIV have willingly identified themselves, and communities have rallied around that person or their family. But the decision to "go public" must be made by people who are infected with HIV and their families.

Establish and maintain effective working relationships with the media. Educate and brief the media on your policies, especially on confidentiality, so that you will not look defensive in a crisis. Tell them, before the first public case of HIV infection in the schools, what kind of information you can give them and what kind must be keep confidential. Also, examine your policies and procedures regarding the presence of news media personnel inside schools or on school property.

States and communities have had great successes working cooperatively with the media. Consider that many potential crises turn into "non-events" when the crisis is averted. Because they are success stories, they are seldom reported.

Be prepared to deliver intensive in-service and community education programs to the school/community leaders, to reassure concerned parents and the public. In educating the public, it is best to make no assumptions and how well a school or community member understands the facts about HIV and AIDS, regardless of that person's title or profession. Provide the facts and give everyone a chance to have their questions answered by a medical authority who is knowledgeable about HIV and other infectious diseases.

Recognize the potential minority dimensions of the issue. Respect the needs and interests of minority groups. Beware of condescending language. Some people do not appreciate language that stresses that AIDS education materials need to be "culturally sensitive" to minorities, since such statements can sound insulting. Find people who can deliver education in a way that is understood and trusted by the community members they are addressing. It is important to develop education strategies in cooperation with local organizations that are in touch with a community being addressed. Information needs to be appropriately presented. For example, one Spanish version of a brochure will not serve all Hispanic communities, not all of which use the same vocabulary, share the same life experiences, or have the same cultural background.

There is a possibility of "dual bias" on the part of a community; that is, discrimination on the basis of HIV, and discrimination on the bias of color or ethnicity. School districts may have to handle both issues, and this will complicate a potential crisis. It is important to stress that HIV is transmitted by risky behavior, not by "risk groups." Anyone can be infected if they engage in activities that may expose them to HIV.

Identify an expert in conflict resolution, in case one is needed. Policymakers should identify, in advance, potential sources for help with resolving conflicts. Superintendents and administrators who have already resolved AIDS-related conflicts in their communities can be particularly helpful. They can share practical tactics that have helped settle a crisis. A superintendent who is facing a potential or real crisis can place a confidential call to the state department of education to discuss the situation and obtain referrals to people in the region who have handled a similar problem. State departments of education can aid superintendents by keeping a list of people and organizations that can offer assistance. Other resources include the organizations that helped develop this publication, other national and state education associations, the National Council of Churches, and the Community Relations Service at the U.S. Department of Justice.

Reprinted with permission.
Someone at School has AIDS
A Guide to Developing Policies for Students and School Staff Members
Who Are Infected With HIV
National Association of State Boards of Education

HIV and AIDS

POLICIES, RESOLUTIONS, AND PRINCIPLES FOR AIDS PREVENTION EDUCATION

School officials who are seeking guidance in the creation of policies regarding students infected with HIV as well as HIV and AIDS prevention education may find the following policies and resolutions useful. The policies of The Council for Exceptional Children pertain to students with special health care needs and the management of infectious, communicable, and contagious diseases. The resolutions from the National Congress on Parents and Teachers (PTA) cover a range of issues including information dissemination, testing blood supplies, and placement of students infected with HIV.

THE PRESIDENT'S DOMESTIC POLICY COUNCIL'S PRINCIPLES FOR AIDS EDUCATION

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the federal government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the federal government that might be used in schools should teach that children should not engage in sex, and the information should be used with the consent and involvement of parents.

Note: Permission granted to photocopy these principles.

AAHE STATEMENT REGARDING HIV INFECTION PREVENTION EDUCATION

AIDS, a serious health problem, is currently an issue of concern to many Americans. The Association for the Advancement of Health Education recommends that accurate and current information about AIDS be a part of a comprehensive school health education instructional program. Because AIDS research information is changing rapidly, it is imperative that the educational process utilize professionally trained health educators.

Note: Permission granted to photocopy this statement.

STUDENTS WITH SPECIAL HEALTH CARE NEEDS (CEC, 1988)

The Council for Exceptional Children believes that having a medical diagnosis that qualifies a student as one with a special health care need does not in itself result in a need for special education. Students with specialized health care needs are those who require specialized technological health care procedures for life support and health support during the school day.

The Council believes that policies and procedures developed by schools and health care agencies that serve students with special health care needs should (1) not exclude a student from receipt of appropriate special education and related services; (2) not exclude a student from receipt of appropriate educational services in the least restrictive environment; (3) not require educational agencies to assume financial responsibility for non-educationally related medical services; (4) define clearly the type, nature, and extent of appropriate provider; (5) assure that placement and service decisions involve interdisciplinary teams of personnel knowledgeable about the student, the meaning of the evaluation data, and placement options; (6) promote a safe learning environment, including reasonable standards for a clean environment in which health risks can be minimized for all involved; (7) provide assurance that health care services are delivered by appropriate and adequately trained personnel; (8) provide appropriate medical and legal information about the special health care needs of students for all staff; (9) provide appropriate support mechanisms for students, families, and personnel involved with students with special health care needs; and (10) provide appropriate and safe transportation.

The Council for Exceptional Children believes that special education personnel preparation and continuing education programs should provide knowledge and skills related to: (1) the nature and management of students with special health care needs; (2) exemplary approaches and models for the delivery of services to students with special health care needs; and (3) the importance and necessity for establishing support systems for students, parents/families, and personnel.

Recognizing that this population of students is unique and relatively small, The Council for Exceptional Children still believes that the manner in which policies are developed and disseminated related to students with special health care needs is critically important to effective implementation. In development of policy and procedure for this low-incidence population, the following must be considered integral to any such process: (1) that it can be developed through collaborative efforts of health and education agencies at state, provincial, and local educational, health, and legal requirements; (3) that it provides for frequent review and revision of intervention techniques and programs as a result of new knowledge identified through research, program evaluation and monitoring, and other review mechanisms; (4) that policies are supported by data obtained from medical and educational professions; (5) that policy development is easily understandable by students, professionals, and the public at large; and (6) that policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events.

Note: Permission granted to photocopy this policy.

MANAGING COMMUNICABLE AND CONTAGIOUS DISEASES (CEC, 1991)

Controlling the spread of communicable and contagious diseases within the schools has always been a problem faced by educators, the medical profession, and the public. Effective policies and procedures for managing such diseases in the schools have historically been developed by health agencies and implemented by the schools. These policies and procedures were primarily designed to manage acute, temporary conditions rather than chronic conditions which require continuous monitoring and remove children from interaction with other children while the condition is contagious or communicable.

Recent public awareness of chronic infectious diseases such as those with hepatitis B-virus, cytomegalovirus, herpes simplex virus, and human immunodeficiency virus have raised concerns, necessitating the reassessment or at least clarification of school policies and procedures. The Council believes that having a chronic infection does not in itself result in a need for special education. Further, The Council believes that schools and public health agencies should assure that any such infectious and communicable disease policies and procedures:

a. Do not exclude the affected child from the receipt of an appropriate education even when circumstances require the temporary removal of the child from contact with other children.

b. Provide that determination of a non-temporary alteration of a child's educational placement should be done on an individual basis, utilizing an interdisciplinary/interagency approach including the child's physician, public health personnel, the child's parents, and appropriate educational personnel.

c. Provide that decisions involving exceptional children's non-temporary alterations of educational placements or services constitute a change in the child's Individualized Education Program and should thus follow the procedures and protections required.

d. Recognize that children vary in the degree and manner in which they come into contact with other children and school staff.

e. Provide education staff with the necessary information, training, and hygienic resources to provide for a safe environment for students and educational staff.

f. Provide students with appropriate education about infectious diseases and hygienic measures to prevent the spread of such diseases.

g. Provide, where appropriate, infected children with education about the additional control measures that they can practice to prevent the transmission of the disease agent.

h. Enable educational personnel who are medically at high risk to work in environments which minimize such risk.

i. Provide educational personnel with adequate protection for such personnel and their families if they are exposed to such diseases through their employment.

The Council believes that special education personnel preparation programs should

a. Educate students about infectious diseases and appropriate methods for their management.

b. Counsel students as to how to determine their level of medical risk in relation to certain diseases and the implications of such risk to career choice.

The Council believes that the manner in which policies for managing infectious (communicable and contagious) diseases are developed and disseminated is important to their effective implementation. Therefore the following must be considered integral to any such process:

a. That they be developed through the collaborative efforts of health and education agencies at both the state, provincial, and local levels, reflecting state, provincial and local educational, health and legal requirements.

b. That provision is made for frequent review and revision to reflect the ever-increasing knowledge being produced through research, case reports, and experience.

c. That policies developed be based on reliable identified sources of information and scientific principles endorsed by the medical and educational professions.

d. That policies be understandable to a variety of consumers including students, professionals, and the public.

e. That policy development and dissemination be a continual process and disassociated from pressures associated with precipitating events.

Note: Permission granted to photocopy this policy.

RESOLUTION ON AIDS — INFORMATION AND DISSEMINATION (PTA, 1986)

Whereas, one object of the PTA is "to promote the welfare of children and youth in the home, school, community and place of worship;" and

Whereas, the AIDS epidemic has rapidly become one of the most complex public health problems in our nation's history, affecting both adults and children of all ages; and

Whereas, without education about how HIV is transmitted, the infection will spread at an alarming rate; therefore be it

Resolved, that the National PTA make available to its constituent bodies information on acquired immunodeficiency syndrome from medically related organizations such as the Centers for Disease Control, the American Academy of Pediatrics, and the U.S. Public Health Service of the U.S. Department of Health and Human Services; and be it further

Resolved, that the National PTA encourage its states, districts or regions, councils, and units, in cooperation with said medical groups and representatives of state departments of health and education, to conduct workshops and disseminate information on the disease's nature, transmission, and legal, social and emotional consequences, so that parents, students, educators, and the general public may be more knowledgeable as they encourage and consider state and local district policies addressing this issue; and be it further

Resolved, that the National PTA urge its constituent bodies to encourage health officials to support continued testing of supplies of blood in all blood banks prior to use, so that recipients of blood are not infected with HIV.

Whereas, 183 of the reported cases of acquired immunodeficiency syndrome (AIDS) were among children under the age of 18, as of August 1985; and

Whereas, none of the identified cases of HIV infection in the United States is known to have been transmitted in the school, day care or foster care setting; and

Whereas, the Centers for Disease Control, in consultation with several health associations as well as the National Association of Elementary School Principals and the Board of Directors of the National Congress of Parents and Teachers, released the following statement in August, 1985, "These children should be allowed to attend school and after-school day care and can be placed in foster homes in an unrestricted setting;" therefore be it

Resolved, that the National Congress of Parents and Teachers believes that in the case of diagnosed acquired immunodeficiency syndrome, the child's physician, public health officials, the parents or guardians of that child, and the appropriate school personnel should be responsible for determining the most suitable placement for that public school child; and be it further

Resolved, that the National Congress of Parents and Teachers discourage social displays that would seek to segregate, persecute or ban children with AIDS from school.

Note: Reprinted with permission from
The National PTA
700 North Rush Street
Chicago, IL 60611-2571
(312) 787-0977

Note: Permission granted to photocopy the policy.

APPENDIX A5
WORKSHEET
HIV Infectious Disease Policy Subcommittee

HIV Infectious Disease Policy Development

Goal: To adopt effective HIV infectious disease policies

Objectives:

- To develop or improve guidelines for managing HIV infection in the schools
- To involve school personnel, experts, and diverse representatives of the community in policy development
- To establish procedures for updating infectious disease policy
- To communicate policy decisions to school and community
- Other: ________________________________
- Other: ________________________________

HIV Infectious Disease Policy Subcommittee

Subcommittee members	Consultants
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________

Which resource materials will the subcommittee use?

____

____

____

A5—2

By whom, how, and when will the subcommittee be educated about HIV and AIDS and their impact upon school staff, students, and community needs?

By whom: ____________ How: ____________ When: ____________

By whom: ____________ How: ____________ When: ____________

What issues does the school board need to consider about school staff members or students who may be infected with HIV?

Infectious disease policy for students ____________

____

____

Infectious disease policy for school personnel ____________

____

____

What steps are the subcommittee and the school board taking to ensure open discussion and feedback before decisions are made?

____

____

How will the school board communicate policy decisions?

To staff: ____________

____

To parents/community: ____________

____

How will the subcommittee and the school board work with the media?

____

____

What problems does the subcommittee foresee? ____________

____

How will the school board respond upon learning that a staff member or student has HIV, has AIDS, or has died from AIDS?

____

____

____

How frequently will the school board receive progress reports on our work?

Date: ________________ To whom: ________________

Date: ________________ To whom: ________________

Date: ________________ To whom: ________________

When will the subcommittee and the school board review and reevaluate the HIV infectious disease policy?

____

____

____

Schools Face the Challenge of AIDS, Education Development Center, Inc., Stu Cohen, Eva Marx, Doryn Davis Chervin, 1990

Universal Precautions

EXPLANATION

Diseases that are caused by germs are called infectious diseases. A person becomes infected when the germ gains access to the body in such a way that the germ can reach a vulnerable tissue. With respect to Acquired Immunodeficiency Syndrome (AIDS), the vulnerable tissue is chiefly white blood cells called T cells. The AIDS virus gains access to the T cell by entering a person's blood stream.

Universal precautions are procedures to protect a person from becoming infected with germs (i.e., microorganisms such as bacteria and viruses that can cause disease). The term *universal* means all body fluids that might contain germs are treated with caution even if one does not know for sure that the germs are present. Sometimes a person can have an infection without outward signs; therefore, it is wise to be careful whether or not a person actually looks ill.

With respect to the virus that causes AIDS, the human immunodeficiency virus (HIV), the body fluid of greatest concern in the school environment is blood. It is important to prevent blood-to-blood contact. Simple measures are adequate to assure this. In the home, school, or workplace the primary concern is to manage clean up by using gloves. For example, if a child has a nose bleed, the use of universal precautions would mean the adult caring for the child would wear plastic gloves while applying pressure to stop the nose bleed and would wear either plastic or rubber gloves while cleaning up the blood. Disposable towels may be used for the clean up. The area that had the blood on it should be disinfected with bleach solution (one part bleach to 10 parts water) or other disinfection agent. The clean up materials should be disposed of in plastic bags. Plastic gloves are disposed of in the same manner. Rubber gloves can be washed and reused as long as there are no holes or cracks in them. Correct procedure necessitates clean up and disposal while wearing the gloves. The last thing placed in the plastic disposal bags are the gloves worn during clean up. The final step is to wash the hands thoroughly in hot water with soap.

SPILL DRILLS

It is very important for children of all ages to understand that blood may be dangerous because it may carry disease agents. Just as one does not wait for a fire to help children know how to be safe in the event of fire, it would be advantageous to have a drill to inform youngsters about correct procedure in the event of a bleeding injury. All teachers are expected to practice universal precautions in dealing with such injuries. By having a "spill drill," the teacher can explain that universal precautions are used to help everyone be safe from diseases that might be carried in the blood, and because germs are so small we cannot tell if they are present. Therefore, we are always careful to be on the safe side. Young children should step back from the area of a spill, and if no adult is present, one child should go for assistance. The adult can then model the correct use of gloves, other items that prevent contamination, correct disposal of these protective aids, and hand washing after this is completed. For older children added comments about first aid procedures might be made.

CASUAL CONTACT

Often time people are confused about the apparent contradiction between insistence on universal precautions when we also insist that causal contact is not a concern in transmission of the HIV. The phrase casual contact means virtually any kind of contact with another person except sexual intercourse or exchange of blood. Centers for Disease Control (CDC) very early in the AIDS epidemic established household contact studies to learn if everyday living environments would put someone at risk of HIV infection. The results show clearly that unless house mates had sex with or shared needles with or were born of infected persons, they were not risking transmission of the virus, as judged by their HIV antibody test reactions. Approximately 500 subjects participated in these early studies which were reported in the *New England Journal of Medicine* 317:1125, 1987.

Guidelines for Handling Blood and Other Body Fluids in Schools

- **Wear disposable, waterproof gloves**
- **Dispose of the gloves used in a plastic bag or lined trash can, secured and dispose of daily**
- **Wash hands for 10 seconds with soap and warm running water after disposing of used gloves.**
- **If gloves are not available, wash your hands and other affected skin for 10 seconds with soap and warm running water after direct contact has ended. (Wiping a runny nose does not pose a risk for HIV transmission.)**
- **Handle contaminated disposable items (tissues, paper towels, and diapers, for example) with gloves and dispose of these items in the same manner as used gloves.**
- **Handwashing:**
  soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Rinse hands under running water and dry thoroughly with paper towels or a blow dryer.
- **Disinfectants:**
  99 parts water to one part household bleach (1/4 cup bleach to one gallon of water) or EPA-registered germicide will destroy HIV, and should be used to clean all body fluid spills.
- **Disinfecting hard surfaces and equipment:**
  after removing the soil, apply germicide (bleach/water solution) to the equipment used. Soak mops in this solution after use and rinse thoroughly with warm water. Nondisposable cleaning equipment such as dustpans and buckets should be rinsed in germicide solution.
- **Laundry instructions for soiled clothing:**
  launder clothes with soap and water to eliminate infectious agents. The addition of bleach will further reduce number of potential infectious agents. Pre-soaking may be required for heavily soiled clothing.

Source: *Responding to HIV and AIDS* (1989). Morrow, GA: National Education Association Health Information Network.

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT: PEDIATRIC GUIDELINES FOR INFECTION CONTROL OF HIV (AIDS VIRUS) IN SCHOOLS AND OTHER SETTINGS* — PARTS I & II

AIDS, the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV), has been diagnosed in more than 900 children under 13 years (May 1988) throughout the United States, 77% of whom have been infected in utero or perinatally secondary to maternal infection. Risk factors for maternal infection include intravenous drug abuse or sexual contact with partners who are intravenous drug abusers or bisexual. The remainder of children, including a high proportion of hemophiliacs, have been infected through blood or clotting factor infusion in the period between 1979 and 1985. In addition, adolescents have acquired infection through sexual activity and intravenous drug use, as well as transfusion of contaminated blood or blood factors.

The criteria for diagnosis of AIDS in children differ in some ways from those for adults, and the most recently published diagnostic criteria (September 1987) include the expanded spectrum of disease, such as recurrent bacterial infections and encephalopathy, as well as including children with presumptive diagnosis of AIDS-associated diseases such as lymphoid interstitial pneumonitis. There is no accurate estimate of the numbers of infected asymptomatic children or of infected children with milder symptoms that do not meet the criteria for the diagnosis of AIDS. Although most cases of pediatric HIV infection have been identified in New York City, Newark, Miami, and Los Angeles, cases are appearing in other locations. Thus HIV infection in childhood is becoming more widespread, but in many states it is still quite rare.

Since the cause of AIDS is a virus transmissible from human to human, pediatric health care workers must adjust infection control guidelines to meet this new threat. However, in formulating these guidelines, physicians must constantly bear in mind that HIV is not highly contagious, and that transmission ordinarily requires repeated sexual contact or intravenous inoculation. In fact, prospective studies suggest that the risk of HIV acquisition by accidental needlestick with contaminated needles is under 1 %, and the risk from other types of nonsexual ("casual") exposure appears to be considerably smaller. Despite the tens of thousands of exposures of health care workers to blood and body fluids, only five infections acquired by contamination of skin or mucous membranes have been reported. Thus, the guidelines below are suggested as reasonable ways in which to meet the threat of HIV transmission in pediatric health care settings, taking into account both the potential devastating effect of infection and the rarity of its occurrence. Detailed recommendations not specifically directed at pediatrics have recently been published by the Centers for Disease Control and cover certain matters not considered here, such as serologic testing, handling of laundry, etc. In this document, the CDC recommends universal precautions for blood and body fluids of all patients whether known to be HIV seropositive or of unknown HIV status. The [American Academy of Pediatrics] AAP Task Force does not believe that universal precautions can be recommended for children without taking into account the regional prevalence of infection rate in children and the distinction between the transmission capabilities of blood-contaminated and blood-free body fluid.

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Basic Premises
The guidelines that follow are based on the following facts and assumptions:

1. Human immunodeficiency virus (HIV) has been isolated from blood (including lymphocytes, macrophages, and plasma); other internal body fluids such as cerebrospinal fluid and pleural fluid; and human milk, semen, cervical secretions, saliva and urine. Epidemiologically, only blood, semen, cervical secretions, and (rarely) human milk have been implicated as the means of transmission of the virus from one person to another. HIV has been documented to be transmitted from an infected person to a person who was not infected by three routes: sexual intercourse (either heterosexual or male homosexual), parenteral inoculation of blood (most often among drug users who share syringes and needles for injection), and congenital or perinatal transmission from a woman to her fetus or newborn.

2. Whereas body fluids such as tears, saliva, urine, and stool may contain HIV in low concentration, there is no evidence that transmission has occurred by contamination with these fluids. No studies in the literature or cases reported to the Centers for Disease Control suggest transmission of HIV by urine, feces, saliva, tears, or sweat. Similarly no studies or reports have suggested transmission of HIV in school or day care settings or during contact sports such as football, boxing, or wrestling.

3. The risk of HIV infection to health care workers, including physicians and nurses, who are taking care of persons who have AIDS or are infected with HIV is extremely low. The number of AIDS cases reported in health workers is proportional to the number of adults employed in health care settings, and 95% of these persons give a history of a specific risk of infection unrelated to their employment. Six prospective studies have evaluated 2,421 health care workers who have been exposed one or more times to blood or other potentially infectious body fluids of persons with AIDS or HIV infection. Most of these workers were exposed to blood from an infected person, and most had sustained a needle-stick injury. Only four workers are known to have seroconverted to HIV, all following a needlestick injury, and one worker was found to be seropositive 10 months after exposure to any secretions or excretions from an infected patient. A study in dentists has found a similarly low rate of HIV infection.

   Overall, the risk of HIV infection after direct exposure by needlestick to blood from an infected person is less than 1%. The risk from the other types of exposures, including exposure of nonintact skin or mucous membranes, appears to be much lower. Much of the concern about the risk of infection in the health care setting has arisen from nonprospective case reports of infection after exposure of skin or mucous membranes. In addition to the cases reported in the prospective studies, six health care workers and one research laboratory worker (who was cut while working with concentrated virus) from the U.S. and four from other countries have been reported to have seroconverted after parenteral exposure. Five other health care workers and one research laboratory worker who have not reported other risks for infection have been found infected, although seroconversion proximate to a specific injury or exposure was not documented. Three of these health care workers apparently became infected after contact with blood from an infected patient onto nonintact skin (dermatitis, abrasion, etc.)

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Two of the health care workers who became infected were providing nursing or home health care without following recommended precautions. One was a mother who was assisting with care for her child who had unknowingly been infected with HIV through a blood transmission. The mother had extensive contact with the child's blood, secretions, and excretions during a lengthy hospitalization of the child, but did not wear gloves and often did not wash her hands immediately after exposure.

4. Studies of household contacts of AIDS patients have failed to document infection except for those with known risk factors suggesting that the route of transmission was sexual or perinatal, not "casual contact." HIV was transmitted from an infected person only by sexual contact or sharing of equipment for injection of drugs. HIV was not transmitted by close household or family contact, even by the sharing of personal items such as razors, toothbrushes, towels, clothes, eating utensils, and drinking glasses or of bedroom, bathroom, and kitchen facilities. Family members helped the infected person bathe, dress, and eat, and interacted with kisses on the lips. One of the studies included the family members of 35 children (mostly infants) infected through transfusion, and another included 125 infants or children less than four years of age who had both clinical and serologic evidence of HIV infection. In the former study, 31 siblings lived with the infected children, and in the latter study 90 children (age range not stated) lived in the families with infected adults and children; none of these children became infected even though they shared items, slept in the same beds, and participated normally in family activities and interactions, including hugging and kissing.

   One case report, however, does indicate that transmission within a household setting might occur, although the means of transmission from a young boy (infected at about 18 months of age by transfusion) to his brother who was approximately four years old is not known. The report does cite one instance in which the younger brother bit the older, but the skin of the older boy was unbroken and it is not clear that his act resulted in the transmission.

   Other reports definitely indicate that biting did not transmit HIV from an infected biter to the person bitten. In one of the reports, 30 health care workers were bitten and/or scratched by a neurologically impaired adult, the injuries often resulting in puncture wounds of the skin. One report, however, suggests transmission of HIV by a bite from an infected woman to her sister; the bite occurred shortly after the infected woman had been hit in the mouth, and her mouth was actively bleeding when she bit her sister. In this instance, the transmission more likely occurred from blood than from saliva.

5. Serologic screening for HIV infection of all children who come for medical care is not currently justified for the following reasons: it would not detect all infected infants (some may be antibody-negative owing to failure to mount an antibody response), it would result in many false-positive tests, it would only be retrospective in situations where urgent medical care had already been given, and it would involve extraordinary costs.

6. Given the above, and considering that children who are asymptomatically infected or who are ill but not yet diagnosed as having HIV infection may, nevertheless, carry infectious virus in their blood, it is preferable to treat all children in high prevalence areas as potentially carrying infections communicable by blood or blood contaminated body fluids. Such a policy would also reduce the transmission of other more common contagious body fluids. Such a policy would also reduce the transmission of other more common contagious diseases, such as hepatitis B. However, this recommendation should be tempered by local conditions and community decisions about the acceptable level of risk. In many large urban areas, infection rates are already high enough to convince most physicians that these

precautions should be taken. Hospitals in other areas should undertake periodic anonymous serosurveys in order to decide when to undertake the recommendations below. The serosurveys could be done on random populations of hospitalized children, on cord bloods of newborns (which reflect the serology of adult women), on specimens from women seeking prenatal care, or on adolescents. These surveys should be conducted in consultation with local health departments or the Centers for Disease Control. Another index that could be used to generate acceptance of precautions is simply the confirmation of indigenous perinatal HIV infection in a particular area. In any case, the decision to consider an area "high prevalence" must be a local decision.

Body fluids and procedures for which gloves are recommended:

Blood
Wound treatment
Blood-contaminated fluids

Body fluids# and procedures for which only handwashing is recommended:

Urine
Vomitus
Tears
Oral secretions
Stool
Diaper changing
Nasal secretions

# Body fluids that are not contaminated with blood

Infection Control Requirements for Exposure to Blood and Other Body Fluids
Table 1

Guidelines For Infection Control in Schools in High-Prevalence Areas

1. HIV infected children who are old enough to attend school can be admitted freely to all activities, to the extent that their own health permits. The child's physician should have access to consultative expertise to assist in decision making.

2. Thus all infected children will not necessary be known to school officials in high-prevalence areas, and because blood is a potential source of contagion, policies and procedures should be developed in advance to handle instances of bleeding. Such policies and procedures should be based upon the understanding that even within an area of high prevalence, the risk of HIV infection resulting from a single cutaneous exposure to blood from a school-aged child or adolescent with unknown serologic status is minute. Considering such minimal risk, the only mandatory precautionary action should be washing exposed skin with soap and water. Lacerations and other bleeding lesions should be managed in a manner which minimizes direct contact of the caregiver with blood. Schools in high-

prevalence areas should provide access to gloves so that individuals who would wish to further reduce a minute risk may opt for their use. Under no circumstance should the urgent care of a bleeding child be delayed because gloves are not immediately available.

Guidelines For Infection Control in Day-Care Centers

Studies continue to show lack of transmission from HIV-infected individuals by nonsexual contact, even under conditions of intimacy, such as those that occur among children in day-care. Recommendations concerning placement of infected children in foster homes will be made in a separate document. In this document, we make the following recommendations relative to the admission of infected children to day-care centers, which supersede a prior recommendation from the Committee on Infectious Diseases:

1. HIV-infected children should be admitted to day care if their health, neurological development, behavior, and immune status are appropriate. The decision as to whether a child with known HIV infection may attend day care or be placed in foster care should be made on an individual case-by-case basis. This decision is best made by qualified persons, including the child's physician, who are able to evaluate a) whether the child will receive optimal care in the setting under consideration, and b) whether an infected child poses a potential threat to others. Most infected children who persistently bite others or who have oozing skin lesions may theoretically transmit the virus, although such has not been conclusively demonstrated (see "Basic Premises" above—Part I). Medical evaluation should be ongoing, to evaluate changes in the child's health.

2. If the child's personal physician is uncertain as to the efficacy or safety of placement within a school or group setting, consultation should be sought through individuals or groups with particular expertise regarding HIV infection and AIDS. States, municipalities, and professional groups should make available such expert help.

3. Screening of children seeking entrance to day care for the presence of HIV antibody is not warranted or recommended. First, the risk of HIV transmission in the day care setting is only hypothetical at present. Second, in populations of young children in which the prevalence of HIV infection is low, screening will likely result in a greater number of false-positive results than correctly identified infected individuals. Those with false-positive results will experience a great deal of unnecessary anxiety as well as the expense of medical evaluation.

4. Parents of children in the day care center have no "right" to information regarding HIV status of other children. Information regarding a child who has immunodeficiency, whatever its etiology, should be available to those caretakers who need to know (particularly the child's physician) in order to protect the child against other infections. This need to know, however, does not require knowledge of HIV status.

5. Where available, day care centers specific to the needs of children who are infected with HIV may represent an acceptable alternative placement, particularly to provide a supportive environment for the children, but these centers are not necessary for reasons of infection control. This alternative should not be used to isolate or segregate infected children.

6. Some children may be unknowingly infected with HIV or other infectious agents, such as hepatitis B virus; these agents may be present in blood or body fluids. Thus, responsible individuals in all day are and foster care settings in high-prevalence areas, and individuals in any day care center in which there is a known infected child, should adopt precautions for blood spills from all children as described in the "Guidelines for Schools" above. All child care personnel and educators should be informed about these procedures. For example, soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (a 1:10 to 1:100 dilution of bleach water prepared daily). Disposable towels or tissues should be used whenever possible and properly discarded, and mops should be rinsed in the disinfectant. Cleaning personnel should avoid the risk of having their mucous membranes or any open skin lesions exposed to blood or blood-contaminated body fluids (by using disposable gloves, for example).

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[*] The decision to consider an area "high-prevalence" must be a local decision.

AAP Policy Statement on Health Guidelines for the Attendance in Day Care and Foster Care Settings of Children Infected with HIV. Pediatrics, 1987; 79:466-71.

Prevention of Infectious Disease Through Handwashing and Diapering Techniques and Management of Carriers of Infectious Disease

Section I—3.0

I. Personnel

Section I—3.1

A. School nurse

B. Designated school personnel under indirect supervision
Designated school personnel includes all school personnel and volunteers who may have direct contact with the students and contaminated clothing, equipment, supplies, and surfaces of floors, walls, counters, and other items.

II. General Information

Section I—3.2

A. The transmission of infectious diseases may be prevented by using medically accepted procedures for handwashing, diapering, and classroom cleanliness. Blood and body fluid precautions should be consistently used for all students regardless of suspected or known carrier status. Teaching and supervision of staff performing these preventive measures for the control of infectious diseases is an independent school nursing function and does not require a physician's authorization.

1. Carrier means a person who is infected with some pathogenic organism which evokes no outward manifestation of the disease but which, when transferred to another, may produce the onset of the specific infection. An example of a disease of particular concern is hepatitis B. (See the appendix for information regarding this disease.)
2. Transmission of infectious agent means any mechanism by which a susceptible human host is exposed to an infectious agent:
    a. Direct transmission means immediate transfer which takes place as a result of touching, kissing, or close, intimate contact, or the direct projection of droplet spray onto the conjunctivae or mucous membranes during sneezing, coughing, spitting, singing, or talking (usually not possible over a distance of more than three feet).
    b. Indirect transmission means delayed transfer which occurs when the intermediate object carries the virus to a suitable portal of entry (mucous membranes, break in skin, digestive tract). Intermediate objects may be toys, clothing, cooking or eating utensils, water, food, and milk or air contaminated by microorganisms.

B. Transmission of infectious diseases may occur more readily in preschools and special centers for severely handicapped children than in regular classrooms because of the close personal contact required for care.

C. Preventing the spread of infection requires that specific personal and environmental cleanliness techniques similar to those used in licensed health facilities must be practiced at all times.

D. Specific personal and environmental cleanliness techniques should be followed in centers for the severely handicapped, whether or not there are known carriers.

E. Prior to the enrollment of a state school resident, the state school authorities shall furnish the local school district with a medical status report on each child who will be served during the school day. The medical status report will include: medical diagnosis, pertinent medical history, specialized health care services required, current and complete immunization records, results of vision and hearing screenings within the past two years, and the hepatitis B status of the student. A hepatitis B baseline status report ideally should be current within six months of entry into school. A second test should be done within six months of entry into the public school. If the student's medical records indicate recent hepatitis B serology results and the hepatitis B surface antigen (HBsAg) remains positive on two separate occasions at least six months apart, then the attending physician may decide to repeat these tests on an annual basis to accurately evaluate the student's hepatitis B carrier status. All test results for hepatitis B should be included in the student's school health records.

F. Prior to the enrollment of a known carrier or the continued attendance of a carrier in the regular or special classrooom, the school nurse shall develop procedures appropriate to the student's age and stage of development and for the specific disease (see appendix for description of specific diseases). The nurse should carry out the following procedures:

1. Conduct a health and developmental assessment, including a review of the known carrier's medical records. Collaborate with parents and physician to ensure that the carrier's records are complete.
2. Identify through a health history and laboratory tests those students who are carriers, exhibit aggressive behavior, or require specialized health care procedures.
3. Identify appropriate personal and environmental cleanliness techniques in accordance with student and staff needs.
4. If the regular program cannot be modified and the student is identified as an eligible handicapped student by the ARD committee, write appropriate objectives for the student's Individual Education Plan (IEP).
5. Orient and train all staff members, including custodians, substitute teachers, volunteers, and bus drivers who will be in direct contact with the carrier. Orientation and training must be ongoing and must include new personnel.
6. Verify the school district's efforts to prevent the spread of infection and to protect the health of employees and students by documenting the training and supervision of employees and by monitoring administration of biologics if necessary.

G. Each facility that has a known or suspected carrier in attendance must make provision for personal and enviromental cleanliness:

1. Provide ready access to handwashing facilities for each classroom.
2. Provide disposable paper towels. If cloth towels are used, discard them with other contaminated linens after each use.
3. Maintain storage areas for clean clothing, linens, utensils, equipment, and disposable items. These areas must be separate from areas used for storage of soiled items.
4. Keep soiled disposable items in covered waste receptacles double-lined with disposable plastic bags. At the end of each day, the plastic bags are to be sealed and discarded. DO NOT REUSE.
5. Keep soiled cloth diapers separate from soiled linens in covered waste receptacles double-lined with disposable plastic bags. Since infection can be spread through damp porous material, cloth laundry bags should not be used.
6. Keep linens belonging to the school separate from those belonging to individual students.
7. If diapers are washed at school, wash in hot, soapy water separately from the other linens.
8. Provide custodial staff with a cleaning schedule (see Appendix A).

H. Handwashing is the single most important technique for preventing the spread of disease and should be done frequently. Wash hands with soap and running water:

1. before putting on smock (or large blouse or shirt to cover street clothes) in preparation for working with the students
2. before drinking, eating, or smoking
3. before handling clean utensils or equipment
4. before and after handling student's food
5. before and after assisting or training the student in toileting and feeding
6. before and after going to the bathroom
7. after contact with body secretions, such as blood (including menstrual), urine, feces, mucus, saliva, or drainage from wounds
8. after handling soiled diapers, menstrual pads, garments, or equipment
9. after caring for any student, especially those with nose, mouth, or ear discharges
10. after removing disposable gloves
11. after removing smock or shirt when leaving the work area

I. All staff members should practice specific hygienic principles designed to protect themselves and others from infection. Staff members should:

1. maintain optimum health through effective daily health practices, such as adequate nutrition, rest, exercise, and appropriate medical supervision
2. avoid rubbing or touching eyes, lips, mouth, and nose
3. wash hands frequently
4. remove jewelry, such as rings, dangling bracelets, and earrings during working hours
5. use one's own personal care items, such as combs, fingernail files, nail clippers, lipsticks, and toothbrushes
6. keep fingernails clean and trimmed short
7. refrain from kissing students
8. refrain from putting hands or fingers in student's mouth

III. Guidelines for Handwashing

Section I-3.3

A. Purpose
to reduce the number of micro-organisms on the hands

B. Equipment

1. liquid soap in dispenser (preferred to bar soap)
2. paper towels (preferred to cloth towels)
3. hand lotion in a dispenser
4. covered waste receptacle with disposable plastic liners

C. Protocol for handwashing

Essential steps	Key points and precautions
1. Remove all jewelry.	1. Jewelry should not be worn when working with students who require repeated physical contact and care. Micro-organisms can become lodged in settings or stones of rings.
2. Wet hands with warm, running water.	2. Warm water, combined with soap, makes better suds than cold water. Hot water removes protective oils and will dry skin. Running water is necessary to carry away dirt and debris.
3. Apply liquid soap and lather well.	3. Liquid soap is preferred to bar soap. Bacteria may grow on bar soap or in soap dishes.
4. Wash hands, using a circular motion and friction for 15 to 30 seconds.	4. Include front and back surface of hands, between fingers and knuckles, around nails, and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
5. Rinse hands well under warm, running water.	5. Hold hands under the water so that water drains from wrist area to fingertip.
6. Repeat Steps 3 through 5.	6. All remaining bacteria and soil should now be removed.
7. Wipe surfaces surrounding sink with clean paper towel and discard the towel.	7. Damp surfaces promote the growth of bacteria.
8. Dry hands well with paper towels and discard towels immediately.	8. Because of frequent handwashing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter one's system.
9. Apply lotion as desired.	9. Lotion helps keep skin soft and reduces chapping.

IV. Guidelines for Diapering

Section I–3.4

A. Purpose
to avoid cross-contamination when diapering

B. Equipment
1. changing table
2. supplies (soap, water, cotton balls or soft tissue) for cleaning the student's skin
3. plastic bags for student's soiled clothing
4. covered waste receptacle lined with disposable plastic bags for disposable diapers
5. covered receptacle lined with disposable plastic bags for soiled cloth diapers
6. plastic bag ties or masking tape for sealing disposable plastic bags (marked "contaminated") at time of discard
7. disposable plastic gloves (medium or large size, nonsterile)
8. disinfectant for cleaning changing table (see Appendix A)

C. Protocol for diapering
1. Facilities and equipment
    a. Diaper-changing area must be physically separate from food preparation and serving areas. Foodhandlers should not change diapers.
    b. For diaper-changing surface guidelines, see *essential steps* below.
    c. For handwashing sink guidelines, see *essential steps* below.
2. Supplies
    a. cleaning materials
    b. diapers
    c. skin-care items
3. Trash disposal
    a. Trash cans should be equipped with lids that close properly and tightly.
    b. Cans should be double-lined with thick plastic trash bags. Dispose of both bags if the inner bag has been broken.
    c. Trash cans should be located in the restrooms, the diaper-changing area, and wherever single-use, disposable items are used.
    d. Flush solid matter from cloth diapers down the toilet.
4. Report any unusual condition of the student's skin or stool (rash, diarrhea, etc.) to both the school nurse and the student's parents. A log of these conditions should be maintained.

Essential steps	Key points and precautions
1. Surface should be flat and covered with a protective, moisture resistant material that is easily cleaned between uses.	
2. The student's safety should be considered when choosing a table for diaper changing to ensure that falls will not occur.	Students should not be left unsupervised while on the table.
3. The surface should be high enough to be beyond a student's reach. The height should be at least three feet.	
4. Storage areas for disinfectants and diapering items (powders, pins, towelettes, etc.) should also be beyond the reach of students.	

Guidelines for Diapering, continued

Essential steps	Key points and precautions
5. A sink with hot and cold running water should be readily available, preferably in the same room as the diaper-changing table.	All staff involved with diaper changing must wash their hands thoroughly with soap and water after changing each child. Students should be encouraged to wash their hands after using the toilet.
6. Sinks should be equipped with soap, preferably liquid, and single-use disposable towels.	Bar soap may harbor bacteria.
7. Single-use disposable towels should be available in the diaper-changing area.	
8. After each diaper change, the diaper-changing table should be cleaned with a sanitizing solution (¼-½ cup of household chlorine bleach per gallon of water). This solution should be prepared daily and dispensed from plastic spray bottles. Label and store these away from students.	Keep all cleaning materials out of students' reach.
9. A second plastic spray bottle of water may be used to rinse off surfaces after sanitizing with the bleach solution.	
10. Sponges, cloth towels, etc. used in the diaper-changing area should be restricted for use in that area only. They should be laundered in hot, soapy water daily.	
11. The school should have a supply of disposable gloves for use when fecal soiling of the attendant's hands is possible.	Dispose of gloves after use. Wash hands after removing gloves.
12. Dispose of gloves immediately after use.	
13. Disposable diapers should be used whenever possible. Encourage parents to provide disposable diapers while the student attends school.	
14. Clean diapers should be stored separately to prevent contact with soiled diapers.	
15. Skin-care products should be used only if parents specifically request them.	
16. Skin-care items, such as lotions, powders, and petroleum jelly, should be provided by parents and labeled for their child's sole use.	It is important to prevent cross-contamination of skin-care items, especially where ointments and petroleum jelly are concerned as these must be dispensed and applied by direct hand contact.

V. Guidelines for Classroom Cleanliness

Section I—3.5

A. Purpose
to prevent transmission of infectious disease

B. Equipment
1. smock (large blouse or shirt to cover street clothes)
2. covered waste receptacles with disposable plastic bags
3. plastic bags that can be labeled and sealed for individual's soiled laundry
4. disposable plastic gloves (medium or large size, nonsterile)
5. disinfectant
6. liquid soap and dispenser
7. washer and dryer (if disposable linens are not available)
8. dishwasher (if possible and disposable eating utensils are not available)

C. Protocol for classroom cleanliness

Essential steps	Key points and precautions
1. Wash hands.	See Guidelines for Handwashing.
2. Wear a smock.	Smocks should be laundered in the facility's washer and dryer, if available, so that possible contaminated clothing is not brought into the home environment.
a. Use a clean smock each day.	
b. Always hang the smock right side out when leaving the work area for breaks and lunch.	This ensures that the side of the smock worn next to your clothing will remain clean.
3. If there are open cuts, abrasions, or weeping lesions on the employee's hands, wear disposable plastic gloves when having direct contact with a carrier.	Open skin areas provide entry points for infection.
a. Use a new pair of gloves in each situation in which handwashing is indicated. Dispose of gloves immediately after use.	See Guidelines for Handwashing.
b. Discard used gloves in plastic bag in covered waste receptacle.	
4. Store and handle clean clothing and linens separately from soiled clothing and linens.	When clothing and linens have been moved from the clean storage area, they are considered to be soiled.
a. Immediately place each student's soiled clothing linens in an individually labeled plastic bag which is to be sealed and sent home at the end of each day.	Because students may be undiagnosed carriers of infectious disease, all soiled articles should be treated as if they were contaminated.
b. Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.	
5. Use specific techniques for handling food and utensils during preparation, serving, storage, and cleanup:	
a. Maintain a clean area of the kitchen for serving food.	Food, clean dishes, and utensils should be stored in a "clean" storage area.
b. Maintain a separate area of the kitchen for cleanup.	Because students may be undiagnosed carriers of infectious disease, all leftover food, dishes, and utensils should be treated as if they were contamined.
c. Scrape food from soiled dishes and/or place disposable dishes in plastic-lined, covered waste receptacle.	
d. Pour liquids into sink drain.	
e. Rinse dishes and utensils with warm water before placing them in the dishwasher.	Prerinsing of dishes removes food particles that might remain if the dishes were placed directly in the dishwasher.
f. Clean sinks, countertops, tables, chairs, trays, and any other area where foods or liquids have been discarded or spilled; use approved disinfectant. (See Appendix A.)	
g. Wash hands prior to removing clean dishes from the dishwasher and storing them in a "clean" area of the kitchen.	

Guidelines for Classroom Cleanliness, continued

Essential steps	Key points and precautions
6. Use specific housekeeping techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items.	
a. Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.	
b. Store each student's personal grooming items (combs, brushes, toothbrushes) separately.	For toothbrushes to be thoroughly air-dried after each use, they must be stored in separate holders labeled by client name that allow direct air contact.
c. In handling disposable diapers, at least once a day, seal and discard the inner disposable plastic bag used to line the covered receptacle. Double-bag any plastic bag that has become broken.	
d. Store and wash cloth diapers separately from other linens. At least once a day, seal and discard the soiled outer plastic bag used to line the covered waste receptacle.	
7. Use an appropriate disinfectant for all cleaning procedures. (See Appendix A.)	
a. Clean protective floor pads, bolsters, wedges, and so forth after each nonambulatory student has been removed and at the end of each day.	
b. Clean all equipment and toys at the end of each day.	Toys and equipment that cannot be readily disinfected should not be used, or should be provided for the exclusive use of individual students.
c. If a rug or carpet becomes soiled, clean it immediately.	Leave disinfectant on soiled area for the prescribed time before rinsing with clear water. Since wet disinfectant may cause contact dermatitis, staff and students should avoid the area until it is rinsed and dry.
d. Clean changing tables, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.	Rinsing and drying are essential to prevent contact with wet disinfectant which may cause dermatitis.

Appendix A

Section I—3.51

Cleaning Schedule and Selection of Disinfectants

Special Instructions
If reusable gloves are worn when a disinfectant is being used, they must be washed and air-dried after each use. They must be stored in the room of use in the areas reserved for soiled articles. Disposable gloves may be preferable.

Disinfectants must be selected and used in accordance with the information in this appendix.

If bleach solution is used, it must be mixed daily, and doors must be open for air circulation. A good, general working solution uses ¼-½ cup household bleach per gallon of water.

Clean the following areas and items daily:
Classrooms, bathrooms, and kitchen
Floors
Sinks and faucet handles
Cabinet drawer handles
Doorknobs

Clean the following bathroom areas and fixtures daily:
Walls behind sinks
Toilets
Portable potty (After disinfecting, rinse with clear water and wipe dry.)

Vacuum carpets daily. (If rug or carpet is soiled, it should be disinfected immediately.)

Clean waste receptacles monthly.

Steam-clean carpets quarterly.

Selecting Disinfectants

Selecting Disinfectants
No single agent should be used for both handwashing and environmental disinfection because no single agent has been manufactured for the intended use of both environmental disinfection and germicidal handwashing. Many different chemical disinfectants and germicidal handwashing solutions are available commercially, and the selection of a single product is not an easy task. Such factors as cost, availability of vendors geographically, and the ease of use must be considered. Any chemical disinfectant, detergent, or germicidal handwashing product that is suitable and safe for hospital use and is registered by the U.S. Environmental Protection Agency (EPA) is suitable for use in a school setting.

A. Selection of an environmental disinfectant

1. Select an agent that is registered by the EPA for use as a disinfectant in medical facilities and hospitals.
2. Select an agent that belongs to one of the following classes of disinfectants:
    a. Ethyl or isopropyl alcohol (70-90 percent)
    b. Quaternary ammonium germicidal detergent solution (2 percent aqueous solution)
    c. Iodophor germicidal detergent (500 ppm available iodine)
    d. Phenolic germicidal detergent solution (1 percent aqueous solution)
    e. Sodium hypochlorite (100 ppm available chlorine)
3. If the products are used in accordance with the manufacturer's instructions, they are safe to use.

B. Selection of germicidal handwashing agent (If the staff is conscientious about using the suggested handwashing techniques, germicidal solution is not necessary.)

1. Select a germicidal handwashing agent that is registered by the EPA for use as a germicidal handwashing agent.
2. Select a product that has one of the following active antimicrobial agents in it:
    a. Chlorhexidine
    b. Iodophors
    c. Alcohols
3. If these products are used in accordance with the manufacturer's instructions, they are safe to use.

Vol. 49, No. 7
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APPENDIX H

Texas Preventable Disease NEWS

Frank Bryant, Jr. MD, FAAFP
Chairman
Texas Board of Health

Robert Bernstein, MD, FACP
Commissioner

Bureau of Disease Control and Epidemiology,
1100 West 49th Street, Austin, Texas 78756 (512-458-7455)

contents:

Universal Precautions: Improving the Response
Avoiding Microwave Burns

UNIVERSAL PRECAUTIONS: IMPROVING THE RESPONSE

Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), is transmitted through sexual contact, exposure to infected blood or blood components, and perinatally from mother to neonate.

In August of 1987, the Centers for Disease Control (CDC) published "Recommendations for Prevention of HIV Transmission in Health-Care Settings."[1] This document recommends that blood and body fluid precautions be consistently used for all patients regardless of their infection status. This extension of blood and body fluid precautions to all patients is referred to as "universal blood and body fluid precautions" or "universal precautions."

Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, hepatitis B virus (HBV), and other bloodborne pathogens. The CDC's 1988 publication "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health-Care Settings" lists the following body fluids as requiring universal precautions:[2]

1. Blood or other body fluids containing visible blood
2. Semen, vaginal secretions
3. Tissues
4. The following fluids
   a. cerebrospinal fluid
   b. synovial fluid
   c. pleural fluid
   d. peritoneal fluid
   e. pericardial fluid
   f. amniotic fluid

Conversely, universal precautions do not apply to the following unless they contain visible blood:[2]

1. Feces
2. Nasal secretions
3. Sputum
4. Sweat
5. Tears
6. Urine
7. Vomitus
8. Saliva

The increasing prevalence of HIV increases the risk that staff members will be exposed to blood from people infected with HIV, especially when universal precautions are not followed for all persons. In the Texas Department of Corrections (TDC), the entire staff, both health care and security, must consider all persons as potentially infected with HIV, HBV, or other bloodborne pathogens and adhere rigorously to infection control precautions for minimizing their risk of exposure to blood and body fluids as suggested by the CDC.

To meet this challenge, the TDC Health Services staff has developed the "Clean-up Kit" for cleaning and decontaminating spills of blood and other body fluids. The kit is packaged in a 12" x ~~15~~" clear ziplock bag and contains the following supplies:

1. Disposable gloves, vinyl, non-sterile (2 pair)
2. Clean rags (4)
3. Paper towels (15)
4. Red disposable bag marked "contaminated," 23" x 10" x 39", 1.5 mil (1)
5. Clear plastic bag, 23" x 10" x 39", 1.5 mil (1)
6. Bottle of hospital disinfectant, 16 oz (1)

The agency's Infection Control Committee chose to use a chemical germicide (Super Wex-cel*) in the Clean-up Kit instead of sodium hypochlorite (household bleach) for a number of reasons. 1) The chemical germicide is tuberculocidal and approved for use as a "Hospital disinfectant" when used at recommended dilutions to decontaminate spills of blood and other body fluids.[1] 2) It is non-iodine based and will not stain. 3) Sodium hypochlorite solution must be prepared daily,[1] which is not logistically feasible at TDC. 4) The hospital disinfectant has a longer shelf-life than the sodium hypochlorite and is more economical. 5) The disinfectant is listed in the TDC formulary and is available on contract.

A one-page sheet of instructions is also included in the kit and describes procedures for cleaning and decontaminating spills of blood and other body fluids as follows:

1. Obtain a Clean-up Kit.
2. Open the bag.
3. Remove supplies.
4. Open the large, clear plastic bag and the large, red plastic bag. Set them next to each other.
5. Put on one pair of gloves.
6. Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear bag.
7. Pour "hospital disinfectant" carefully onto spill area. Dispose of the empty bottle in the large, clear plastic bag.
8. Use rags to clean area. Place rags in the large, clear plastic bag.
9. Tie off the clear plastic bag and place inside the red trash bag for contaminated waste.
10. Remove gloves carefully and place in the red plastic bag.
11. Tie the red contaminated trash bag closed. Put on the second pair of gloves and dispose of red, contaminated trash bag properly in a cardboard receptacle for contaminated waste.
12. If your second pair of gloves becomes contaminated during transport of bag, they must be disposed of in the cardboard receptacle for contaminated waste. If they are not contaminated, they may be disposed of with the regular waste.
13. Wash your hands.
14. Pick up an additional "Clean-up Kit" from your medical department.

DO NOT PLACE LINEN OR NON-DISPOSABLE ARTICLES IN THE RED CONTAMINATED TRASH BAG.

Contaminated linens and non-disposable articles are decontaminated according to routine infection control policies.

These kits are cost-effective, disposable, readily distributed to areas where access to water may be limited, and easily assembled by the agency.

---

*Trade name used for identification only.

SAMPLE LETTER for PK-3

Dear Parent,

Children in these early school years hear about serious diseases and conditions like AIDS, and become frightened and worried. We at school and you at home can assure them of safety and protection, and be available for their questions. At school we are telling them that:

- AIDS is mostly a grown-up and teenager disease, not a children's disease.
- Grown-ups and teenagers know how to prevent getting AIDS.
- The few children who have gotten AIDS are little babies whose mothers had AIDS, and children who got AIDS from infected blood transfusions.
- Blood transfusions are safer now so if a blood transfusion is needed we need not be afraid.
- No one gets AIDS from casual contact (just being a friend) with a person with AIDS.
- Good health habits are important—i.e., do not pick up bloody items or discarded needles.

Together, home and school can help boys and girls grow into responsible decision makers and encourage the value of high self-esteem, good health habits, and general wellness. Such encouragement will help children make healthier decisions when confronted with risky behavior during the teenage years.

If you would like to talk about what we are teaching, please call or visit me between __(time)__ when I have a planning period. The telephone number is ____________. It is a privilege to work with you for the benefit of your child.

Sincerely,

(Teacher)

P.S. I am also attaching a brochure on AIDS from the Texas Department of Health for your use and information.

EJEMPLO DE CARTA PARA NINOS EN Prekindergarten A Tercer Año

Estimados Padres:

Desde una edad muy temprana, los niños oyen y se enteran acerca de las enfermedades serias y condiciones como es el SIDA, y los asusta y preocupa. Nosotros en la escuela, así como ustedes en el hogar, podemos asegurarlos sobre su seguridad y su protección y estar disponible para contestar sus preguntas.

En la escuela les explica mos que:

- El SIDA es una enfermedad mayormente de adultos y de adolescentes, no tanto de niños.
- Los adultos y los adolescentes saben como prevenir el contagio por el SIDA.
- Los pocos niños que sufren del SIDA son aquellos que sus madres también sufren de la enfermedad y los que se infectaron al recibir sangre por medio de transfusiones.
- La sangre que se recibe por medio de transfusiones es más sequra ahora. No debemos tener miedo si necesitamos recibir sangre.
- Nadie se infecta por medio de contacto casual o al ser amigo de alguna persona que sufre del SIDA.
- Son muy importantes los hábitos de higiene y de buena salud—por ejemplo, no se deben recoger artículos sucios de sangre ni agujas desechadas.

Juntos, el hogar y la escuela, podemos ayudar a los niños para que crezcan como seres capaces de hacer decisiones responsables. Podemos ayudarlos para que tengan un concepto de si positivo, buenos hábitos de salud, y de bien estan. Esto los motivara hacer majores decisiones urañdo se enfrenten a hechos de alto riesgo durante too de adolescencia.

Si ustedes gustan saber más acerca de lo que enseñamos a los niños en la escuela, por favor llámeme por teléfono o pasen a visitarme durante mi hora de conferencia ________________________. El número de teléfono es ________________________. Es un placer colaborar con usted para beneficiar a sus hijo/a.

Sinceramente,

____
(maestro)

P.D. Le envio un folleto sobre el SIDA del Departamento de Salubridad del Estado de Texas para su uso e informacion.

- Having multiple sex partners, heterosexual or homosexual. The more sex partners you have the greater the risk.

How Can You Protect Yourself?

The only sure ways to protect yourself from HIV are:

1) to abstain from sexual intercourse

2) avoid sharing needles and syringes, and

3) have sex with only one faithful sex partner who you know is not infected with HIV.

You can lower your chances of getting HIV by reducing the number of partners you have sex with, and by using latex condoms along with a spermicide. Condoms should be used correctly. This includes using the condom during the entire act of sexual intercourse. Spermicides containing the chemical nonoxynol-9 may offer added safety.

Why Get Tested?

You need to know if you are infected so you won't infect others. Also, treatments are available which can delay the onset of AIDS. The sooner you know if you are infected, the better. Don't wait until you have symptoms of AIDS before seeking help.

HIV counseling and testing are available at many public health clinics at little or no cost. You don't have to use your real name and all information is confidential.
For Information about the location of HIV counseling and testing sites, call your local health department or the Texas Department of Health toll-free AIDSLINE, l-800-299-AIDS.

For more information about HIV and AIDS call:

Texas AIDSLINE 1-800-299-AIDS

For Hearing Impaired 1-800-252-8012

National AIDS Hotline 1-800-342-AIDS

Drug Abuse Hotline 1-800-662-HELP

National AIDS Information Clearinghouse
1-800-458-5231

Texas Department of Health
1100 W. 49th St. Austin, TX 78756-3199

Stock No. 4-141 Rev. 7/91

WHAT EVERYONE SHOULD KNOW ABOUT AIDS & HIV

Texas
Department of
Health

427

WHAT EVERYONE SHOULD KNOW ABOUT AIDS & HIV

You may know about AIDS—but you may not know it is caused by a virus called HIV. Many people carry this virus but don't know it. But they can still pass it on to you through sex or sharing drug needles or syringes.

What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is the final stage of an infection caused by HIV (Human Immunodeficiency Virus). After becoming infected with HIV, a person may remain healthy for years. But eventually the immune system becomes so weak that diseases and infections begin to attack the body. As these conditions get worse, a person is diagnosed as having AIDS.

AIDS Is usually fatal.

As of April 1991, more than 170,000 Americans have been diagnosed with AIDS. Health officials estimate 365,000 Americans will have AIDS by the end of 1992. Anyone, regardless of race or age, can become infected. HIV infection and AIDS are caused by what you do, not who you are.

Is There a Cure?

There is no cure for HIV infection or for AIDS. But treatments are available which can slow the progress of the disease. Medicines such as AZT have helped some people with HIV and AIDS live longer. Research is under way to find a cure and a vaccine. But for now the only "cure" is prevention. Everyone must take responsibility for protecting themselves.

How Do You Get Infected?

There are two main ways to get HIV:

1) having sex (oral, anal or vaginal) with someone who is infected with HIV.
2) sharing drug needles or syringes with an infected person.

Also, women infected with the virus may give it to their babies during pregnancy or delivery.

Some people got the virus from transfusions with infected blood between l977 and l985. Though there is still a slight risk of getting the virus through blood transfusions, all blood banks routinely test blood for HIV. The nation's blood supply is considered safe. Donating blood has never been a risk.

How You Won't Get Infected?

HIV is NOT spread in the air or through the casual contact of daily living. There is no evidence that the virus is spread by shaking hands, working together, attending school together, hugging, kissing, sitting next to someone, sneezing, coughing, or sharing utensils, telephones, dishes, or toilet seats. There also is no evidence that HIV is spread by mosquitoes or other insects.

Is There a Test for HIV?

There is a blood test to determine if you are infected with HIV. You should have this test if:

1) you have practiced any "risky" behaviors since 1977

2) you are a hemophiliac, or

3) you received a blood transfusion between 1977 and June 1985.

What are Risky Behaviors?

- Sharing needles or syringes
- Male-to-male sex
- Sex with a prostitute (male or female)
- Sex with anyone who has done any of these things.

Si usted c[illegible]ue necesita hacerse una prueba de sangre para ver si ha sido infectado por el virus, llame a su departamento de salud local o a su doctor para averiguar cómo y adónde hacerse la prueba. Todos los resultados de cualquier pruebas médicas son completamente confidenciales.

Se ofrecen pruebas anónimas a través de la mayoría de los departamentos de salud pública, clínicas de planeamiento familiar, centros de tratamiento para abuso de drogas, y en otros lugares de salud pública.

¿Existe una cura?

Actualmente no hay una cura para el SIDA. Las medicinas tales como AZT han prolongado la vida de algunas personas con SIDA. Se están haciendo investigaciones para encontrar una cura, pero por ahora, la manera más efectiva para prevenir el SIDA es evitar la infección con el VIH. Ahora hay tratamientos que se puede utilizar contra de los síntomos del SIDA. Entre más pronto que lo sepa si usted esta infectada, mejor.

¿Cómo puedo reducir mi riesgo de infección?

- Use condones (preservativos, hules)
- Evite contactos sexuales inseguros con personas que practican un comportamiento arriesgado.
- Reduzca el número de compañeros sexuales.
- No use drogas; no comparte las agujas. Este incluye agujas para inyectarse vitaminas o medicinas.

Manténgase informado acerca del SIDA. Aprende prácticas sexuales más seguras de su doctor o departam[illegible] de salud. Conozca la verdad acerca del SIDA. Comparte su conocimiento con otros. Con un conocimiento y comprensión acrecentado acerca del SIDA, usted puede parar los rumores y propagar la verdad.

PARA MAS INFORMACION
LLAME AL
TEXAS LINEA DE INFORMACION SOBRE SIDA
1-800-299-AIDS
PARA LOS PERSONAS SORDAS
1-800-252-8012
LINEA DE INFORMACION NACIONAL SOBRE SIDA
1-800-344-SIDA
LINEA DE INFORMACION SOBRE ABUSO DE LA DROGA
1-800-662-4357

Información acerca de los lugares para consultas y pruebas está disponible en su departamento de salud local o en el Departmento de Salud de Texas, 1100 W. 49th Street, Austin, TX 78756-3199,1-800-299-AIDS.

Se permite la reproducción de este folleto.

"Texas Department of Health:
Your Health Is Our Department"

Stock No. 4-141A Rev. 9/91

Lo que tod[illegible] deben saber acerca del . . .

AIDS/SIDA

Texas Department of Health

LO QUE TODOS DEBEN SABER ACERCA DEL AIDS/SIDA

No importa quien sea usted, usted probablemente ha oído acerca del SIDA (AIDS)..... pero quizás usted todavía sigue preguntándose lo que es, y si el SIDA le afectará a usted o a un conocido. Desde Julio de 1991, el SIDA ha afectado a más de 186,000 personas en los Estados Unidos. Los oficiales del Departamento de Salud estiman que para finales de 1992, 365,000 norte americanos tendrán el SIDA.

Esta enfermedad puede afectar a cualquier persona sin importar el color, la raza, o la edad. Lo que usted sabe acerca del SIDA es importante porque le ayudará a determinar la diferencia entre la verdad y lo que NO es cierto.

¿Qué es el SIDA?

El SIDA significa el Síndrome de Inmunodeficiencia Adquirida. Es una enfermedad infecciosa causada por el virus llamado Virus de Inmunodeficiencia Humana (VIH).

El VIH ataca el sistema inmune del cuerpo, incapacitándolo en rechazar otras enfermedades, las cuales a la vez, pueden ser fatales.

VIH puede vivir en el cuerpo humano por años antes de que los síntomas actuales aparezcan, así es que una persona puede no darse cuenta de que está infectada.

¿Cómo se contrae el VIH?

Hay dos maneras principales en que se puede contraer el VIH.

Primero, una persona puede infectarse teniendo sexo oral, anal, o vaginal con alguien que está infectado con el virus.

Segundo, una persona puede infectarse compartiendo agujas y jeringas para inyectarse con una persona infectada. Las mujeres infectadas con el virus pueden pasárselo a sus bebés durante el embarazo o en el parto. Algunas personas se infectaron con el virus con transfusiones de sangre infectada. Sin embargo, desde 1985 los bancos de sangre rutinariamente someten la sangre a una prueba para determinar si está contaminada.

El VIH NO se propaga por el aire o por el contacto casual que ocurre en la vida diaria.

No hay ninguna evidencia que el virus se propague dandole la mano a alguien, trabajando, asistendo a la escuela, abrazando, besando, sentándose junto a alguien, estornudando, tosiendo, o compartiendo utensilios, teléfonos, platos, o los asientos del excusado (inodoro).

Tampoco no hay ninguna evidencia de que se propague por mosquitos u otras picaduras de insectos.

¿Cuáles son los síntomas?

Los síntomas del SIDA son como los de cualquier enfermedad común, pero existe una diferencia importante. Con el SIDA, los síntomas toman más tiempo en desaparecer, o continúan apareciendo.

Los síntomas iniciales incluyen:

- Fiebre recurrente, incluyendo "sudores nocturnos."
- Pérdida de peso rápido que no se debe a ejercicios o dieta.
- Glándulas inflamadas en el cuello, debajo del brazo o en la ingle.
- Cansancio contínuo.
- Diarrea que dura más de 2-3 semanas.
- Placa gruesa y blanca o manchas en la lengua o garganta.
- Tos seca y falta de aliento.

Si usted tiene cualquiera de estos síntomas, vea al doctor.

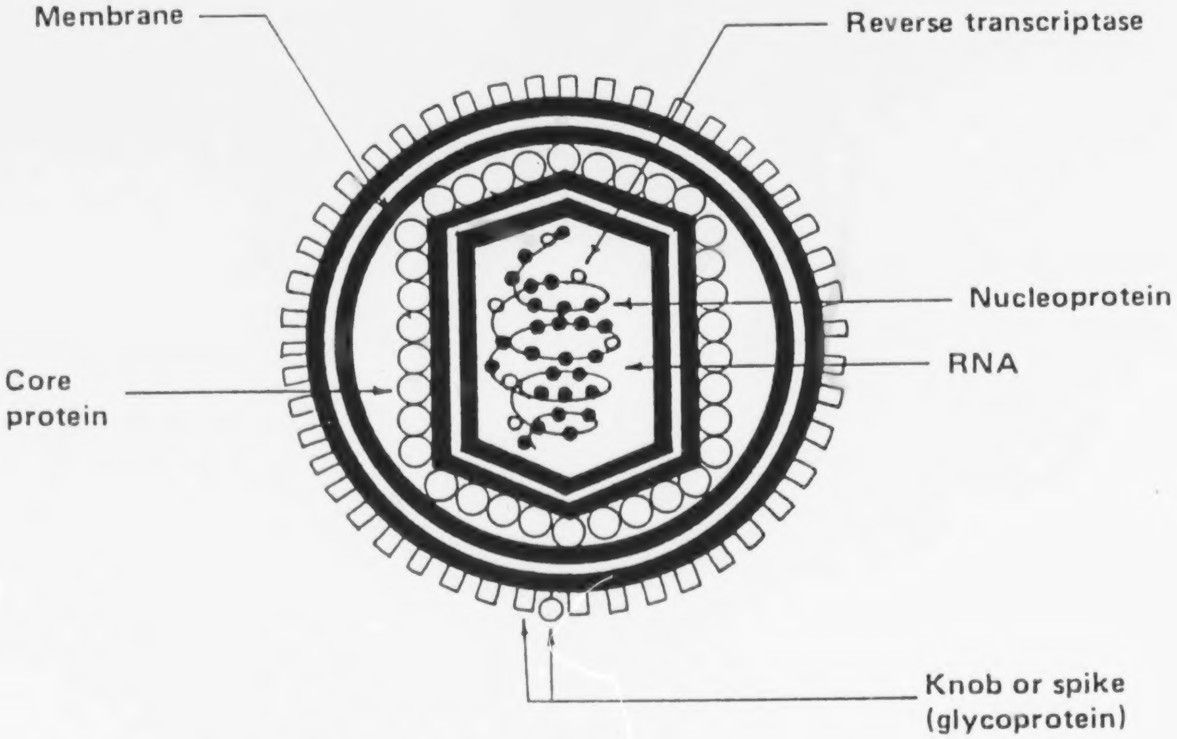
¿Debe usted recibir una prueba del VIH?

Es muy importante que todos comprendan que una persona puede estar infectada con el VIH sin mostrar ningunos de los síntomas.

Los oficiales del departamento de salud recomiendan que busque una consulta confidencial y sea examinado, si, desde 1977:

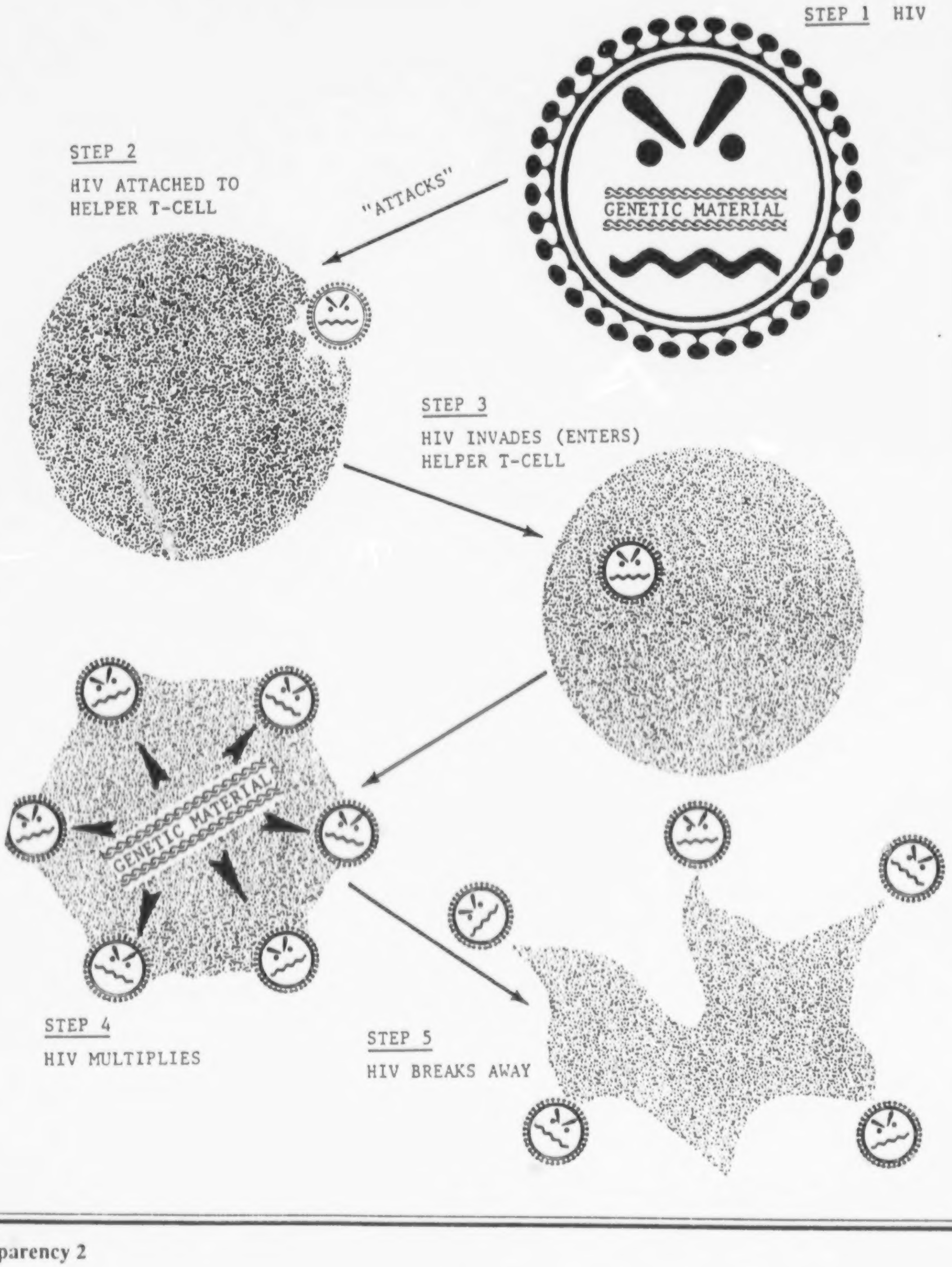
- Usted ha tenido alguna enfermedad contraída sexualmente.
- En el pasado o en el presente ha usado drogas intravenosas y ha compartido jeringas o agujas.
- Usted es un hombre que ha tenido sexo con otro hombre.
- Usted ha tenido sexo con alguien quien cobra, hombre o mujer.
- Usted ha tenido sexo con alguien que ha hecho cualquiera de estas cosas.

Es lo que usted hace, no lo que usted es, lo que puede hacer que usted se infecte.


Membrane
Reverse transcriptase
Nucleoprotein
RNA
Core protein
Knob or spike (glycoprotein)

Schematic view of a retrovirus.

HOW HIV DESTROYS THE IMMUNE SYSTEM

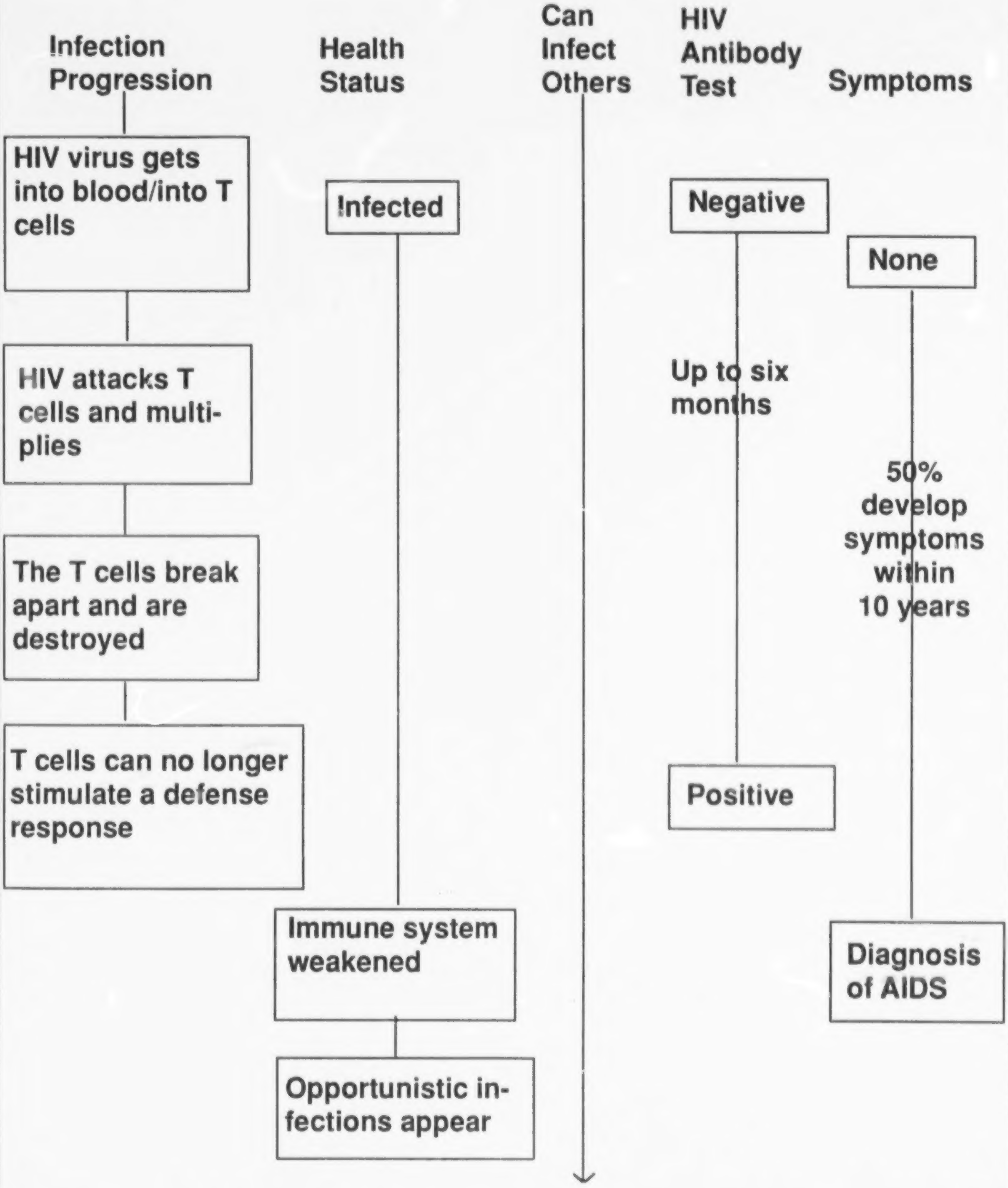

STEP 1 HIV
GENETIC MATERIAL
"ATTACKS"
STEP 2
HIV ATTACHED TO HELPER T-CELL
STEP 3
HIV INVADES (ENTERS) HELPER T-CELL
GENETIC MATERIAL
STEP 4
HIV MULTIPLIES
STEP 5
HIV BREAKS AWAY

Transparency 2

HIV and the Immune System

- The virus enters white blood cells.
- The virus attacks T cells and multiplies.
- The T cell no longer stimulates (cellular) defense response.
- The immune system weakens.
- The body becomes susceptible to opportunistic diseases.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development, Inc.



Infection Progression

HIV virus gets into blood/into T cells

HIV attacks T cells and multiplies

The T cells break apart and are destroyed

T cells can no longer stimulate a defense response

Health Status

Infected

Immune system weakened

Opportunistic infections appear

Can Infect Others

HIV Antibody Test

Negative

Up to six months

Positive

Symptoms

None

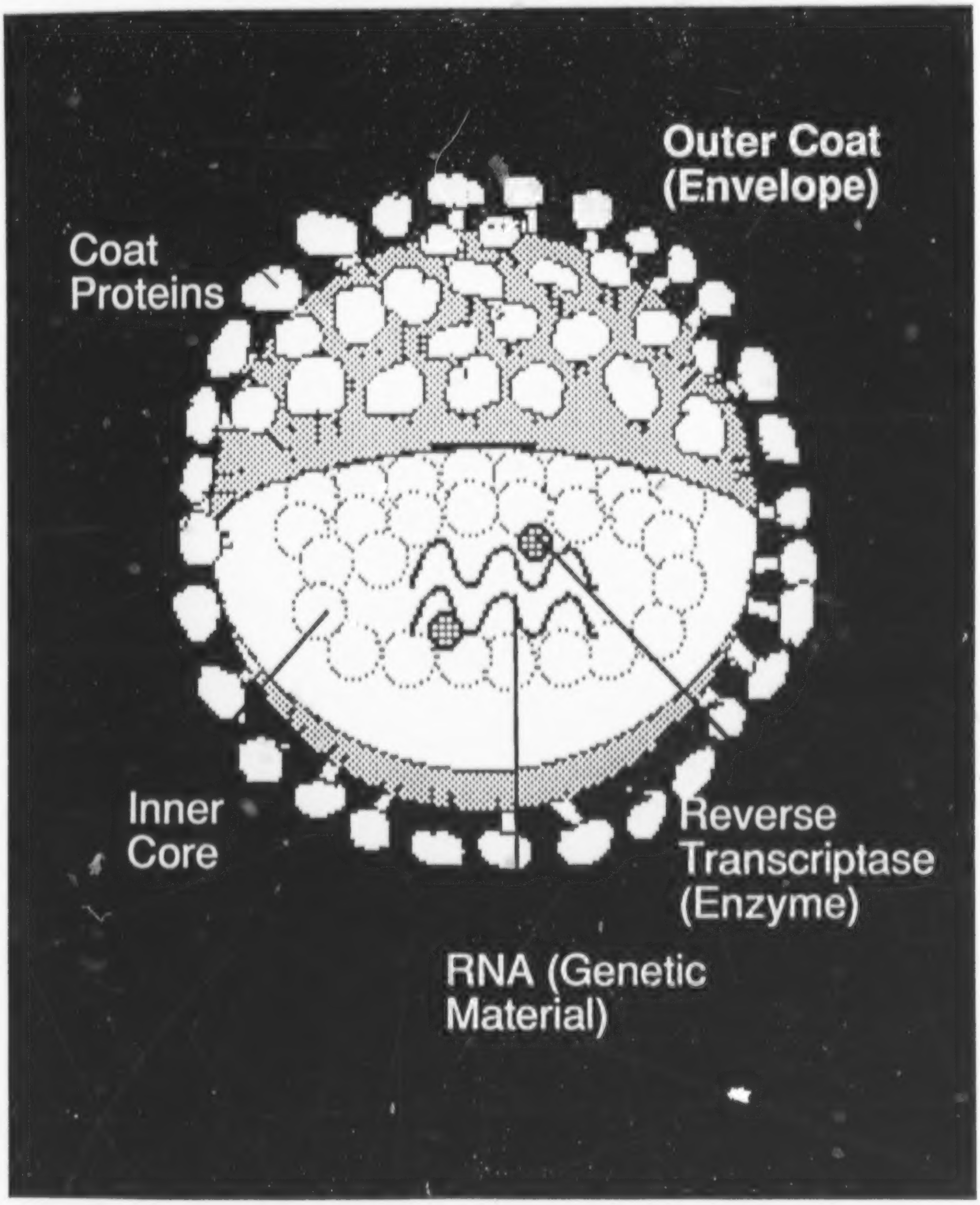
50% develop symptoms within 10 years

Diagnosis of AIDS

Sources: Smith, B.E. (1990). *HIV Education for Adult Literacy: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.
Voluntary HIV Testing and Counseling: Facts, Issues, and Answers (1990). Atlanta, GA: Centers for Disease Control

Human Immunodeficiency Virus—HIV

The Virus That Causes AIDS


Outer Coat
(Envelope)
Coat
Proteins
Inner
Core
Reverse
Transcriptase
(Enzyme)
RNA (Genetic
Material)

Size: 200 million would fit on the head of a pin.
Structure: A tangle of enzymes and genetic material wrapped in a cylinder of proteins, encased in a protein-studded ball

Transparency 5

BEST COPY AVAILABLE

A virus:

- lives and reproduces only inside the living cell of another organism
- lives in a specific type of cell
- infects (gets into) the body in a specific way

HIV (human immune deficiency virus)

- lives and reproduces only in living human cells
- lives primarily in certain human white blood cells (T cells)
- HIV enters the blood stream to cause infection:
  - through breaks in the skin
  - through breaks in the lining of body cavities (vagina, anus, mouth)
  - through the placenta, vaginal fluid, or breastmilk (in the case of a child born to an infected mother)

Source: Aggleton, P., Homans, H., Mojsa J., Watson, S. and Watney, S. (1989). *AIDS: Scientific and Social Issues.* London, England: Churchill Livingstone.

Definition of AIDS

What is AIDS?

A = Acquired

- AIDS comes from an outside agent; it is not inherited.
- AIDS is caused by HIV (human immunodeficiency virus).

I = Immune

- Our immune system fights disease.
- HIV attacks the immune system.

D = Deficiency

- Deficiency means "a lack of."
- HIV weakens the immune system so it cannot fight off diseases.

S = Syndrome

- A syndrome is a set of symptoms.
- The symptoms of AIDS may be different in different people.

When a person has AIDS...

- The immune system loses its ability to fight infection.
- Opportunistic infections and cancers then develop in the body.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development, Inc.

How is HIV Transmitted?

- HIV can be transmitted through sexual contact just like other sexually transmitted diseases (STDs). When an infected person engages in unprotected anal, vaginal, or oral sex during which blood, semen, or vaginal secretions are exchanged, HIV can be transmitted.
- HIV can be transmitted through sharing unsterile needles, including needles used for drugs and tattoos.
- HIV can be transmitted from a pregnant woman to her unborn child or at birth or through breast-feeding.
- HIV can be transmitted through the transfusion of contaminated blood or blood products.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.

Three Main Ways HIV is Spread

- having sex with an infected person
- sharing unsterile needles and syringes
- giving birth. Babies can be born with the virus if the mother has been infected

Source: *What You Should Know About AIDS* (America Responds to AIDS). (1988). Washington, DC: U.S. Public Health Service.

How is HIV Not Transmitted?

- HIV is not transmitted through casual contacts such as:
    - touching, shaking hands, hugging, carrying an infected person
    - sneezing, coughing, social kissing
    - showers, bathtubs, hot tubs, toilet seats, swimming pools
    - door knobs, typewriters, telephones, pencils, chairs, benches
    - through the air or by insects
- HIV infection is not spread by the process of giving blood. New transfusion equipment is used for each donor.
- Assuming that there has been no infection through contaminated blood, contaminated needles, or previous sexual partners, HIV infection is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other.
- HIV is not spread by outercourse sexual activities (not anal, oral, or vaginal intercourse).

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.

Preventing HIV Infection

Modes of Transmission	Methods of Prevention
Sexual intercourse	Abstinence from sexual intercourse Mutually monogamous relationships Condom use (latex/nonoxynol-9)
Drug needles & syringes	Do not use needles (including those used for ear-piercing, tattooing, and steroids). Do not share needles. Rinse needles (twice with chlorine bleach and twice with water).
Mother to infant	Seek counseling and testing before getting pregnant.

Source: *Responding to HIV and AIDS* (1989). Morrow, GA: National Education Association Health Information Network.

TESTING

Confidential versus Anonymous

Confidential Testing:

- Results are linked to your identity.
- Results are recorded in your medical files.
- State laws vary according to who can know your results and the conditions for revealing that information.

Anonymous Testing:

- Neither your name nor any identifying information is recorded.
- Results are not entered in your medical files.
- Only you can find out your test results.

Source: *American Red Cross HIV/AIDS Instructor's Manual* (1990). Washington DC: American Red Cross.

TESTING

Negative versus Positive

A negative antibody test means:

- you are not infected with HIV

  or

- you have recently been infected with HIV and can infect others, but the test did not yet detect antibodies

Consider being retested in six months because of the window period.

A positive antibody test means:

- you are infected with HIV
- you will always have HIV
- you can infect others

Source: *American Red Cross HIV/AIDS Instructor's Manual* (1990). Washington, DC: American Red Cross.

Teacher Resources

The following list of resources has been approved by the HIV Education Program Review Panel. However, approval by the panel is a measure intended to monitor accuracy and consistency with federal regulations and is not intended to replace local review. Local school districts have wide discretion in selecting resources to meet special needs and circumstances. This latitude is especially important when selecting HIV materials as some approved material may not be suitable for some younger students and adolescents.

ARTICLES

1991

"Meeting the Challenge of HIV Infection in Family Foster Care"
Child Welfare League of America
440 First Street NW, Suite 310, Washington, DC
20001
202-638-2952

"Report of the CWLA Task Force on Children and HIV Infection"
Child Welfare League of America
440 First Street NW, Suite 310, Washington, DC
20001
202-638-2952

1988

"Do Alternate Modes for Transmission of Human Immunodeficiency Virus Exist?"
Lifson, Alan R., MPH
Journal of the American Medical Association
535 North Dearborn Street, Chicago, IL 60610
312-645-5000

"Guidelines for Effective School Health Education to Prevent the Spread of AIDS"
Morbidity and Mortality Weekly Report 37:S-2
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

"Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings"
Morbidity and Mortality Weekly Report 37:24
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

BOOKS

1992

HIV Prevention for Teachers of Elementary Education and Middle School Grades
Association for the Advancement of Health Education
1900 Association Drive, Reston, VA 22091
703-476-3437 or FAX 476-9527

1991

A Friend Has AIDS
ISBN No. 0-9625381-2-0; Self-published
Winegate, Rosalee
2105 Teakwood Drive, Austin, TX 78758
512-454-7420

AIDS: Deadly Threat Revised and Expanded
Silverstein, Alvin and Virginia
Enslow Publishers, Inc.
Bloy Street and Ramsey Avenue, Box 777
Hillside, NJ 07205
908-964-4116
Community service professionals; General public/
Consumers

1990

AIDS: 100 Common Questions & Answers
now called ***Common Questions About AIDS and HIV Infection***
Special Office of AIDS Prevention
Michigan Department of Public Health
3423 N. Logan/MLK Blvd., P.O. Box 30195
Lansing, MI 48909
517-335-8371

Courage to Care (Responding to the Crisis of Children with AIDS)
Child Welfare League of America
440 First Street NW, Suite 310
Washington, DC 2001
202-638-2952

Guidelines for HIV and AIDS Student Support Services
National Coalition of Advocates for Students
100 Boylston Street Suite 737, Boston, MA 02116
617-357-8507

Guidelines on Developmental Services for Children and Adults with HIV Infection
Crocker, Allen C. and Cohen, Herbert J.
American Association of University Affiliated Programs for Persons with Developmental Disabilities

Risky Times, How to be AIDS-Smart and Stay Healthy: A Guide for Teenagers
Workman Publishing
708 Broadway, New York, NY 10003
1-800-722-7202

Schools Face the Challenge of AIDS
ISBN No. 89292-094-7
Education Development Center
55 Chapel Street, Newton, MA 02160
1-800-225-4276; 617-969-7100

Training Educators in HIV Prevention
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

1989

Adolescents, AIDS and HIV, A Community-Wide Responsibility
Center for Population Options
1025 Vermont Avenue, NW Suite 210, Washington,
DC 2005
202-347-5700

The AIDS Booklet
Cox, Frank D.
ISBN No. 0-697-10738-8
William C. Brown Publishers
2460 Kerper Blvd., P.O. Box 539
Dubuque, IA 52004-0539

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders
(updated 1991 with new information)
National PTA
700 North Rush Street, Chicago, IL 60611-2571
312-787-0977

AIDS Sexual Behavior and Intravenous Drug Use
National Research Council; DC Committee on AIDS Research and the Behavioral Social and Statistical Sciences
National Academy Press
P.O. Box 285, Washington, DC 20055
202-334-3313 or 1-800-624-6242

Answers to Teenagers' Questions About AIDS: A Teacher's Guide
ISBN No. 0-88314-406-9
Texas Department of Health, The Public Health Promotion Division
1100 W. 49th Street, Austin, TX 78756
512-458-7405

Children and the AIDS Virus
Hausherr, Rosemarie
ISBN No. 0-89919-834--1; 1-11570
Houghton-Mifflin Co.
Southwestern Regional Office, 13400 Midway Rd.
Dallas, TX 75244-6165
1-800-733-2828

Leadership for AIDS Education
National School Boards Association
1680 Duke Street, Alexandria, VA 22314
703-838-6711

Learning About AIDS
Silverstein, Alvin and Virginia
ISBN No. 0-89490-176-1
Enslow Publishers, Inc.
Bloy Street & Ramsey Avenue, Hillside, NJ 07205
908-964-4116

Learning By Heart: AIDS and School Children in America's Communities
Kipp, David
Rutgers University Press Distribution Center
P.O. Box 4869, Baltimore, MD 21211
301-338-6947
Community service professionals; Educators; General public/Consumers; Administrators

***Looking Into AIDS*, Instructor's Guide**
Yarber, William L.
Phi Delta Kappa
Eighth & Union, P.O. Box 789
Bloomington, IN 47402
812-339-1156

***Looking Into AIDS*, Student Book**
Yarber, William L.
Phi Delta Kappa
Eighth & Union, P.O. Box 789
Bloomington, IN 47402
812-339-1156

Someone at School Has AIDS
National Association of State Boards of Education
1012 Cameron Street, Alexandria VA 22314
703-684-4000
Community service professionals; Educators; Administrators; Parents; Schools; Health service providers

Teacher's Guide for Understanding and Preventing AIDS
Colman, Warren
ISBN No. 00593-6
Children's Press
5440 North Cumberland Avenue, Chicago, IL 60656
312-693-0800
Community service professionals; Educators; Adolescents; Children; Students/young adults; Elementary schools; Secondary schools

Up Front About AIDS
Office of the Superintendent of Public Instruction
Rizzoli International Pub. Inc.
300 Park Avenue South, New York, NY 10010
1-800-982-2300; 212-982-2300

1988

AIDS: A Catholic Educational Approach, Teacher's Guide
ISBN No. 1-55833-019-4 (revision due 1/92)
National Catholic Educational Association
Suite 100, 1077 30th Street NW
Washington, DC 20007-3852
202-337-6232
Service professionals, Educators

AIDS: A Guide For Survival
Harris County Medical Society and Houston Academy of Medicine
ISBN No. 1-55833-016-X
Houston Academy of Medicine
400 Jesse H. Jones Library Bldg., Texas Medical Center, Houston, TX 77030
713-790-1838
Community service professionals; General public/ Consumers

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders
(updated 1991 with new information)
National PTA
700 North Rush Street, Chicago, IL 60611-2571
312-787-0977

Dealing With AIDS: Breaking the Chain of Infection
ISBN No. 0-87752-126-X
American Association of School Administrators
1801 North Moore Street, Arlington, VA 22209
703-528-0700
Community service professionals; Educators

Does AIDS Hurt? Educating Young Children About AIDS
Quackenbush, Marcia and Villarreal, Sylvia
ISBN No. 0-87752-126-X
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080
Community service professionals; Educators; Parents

Effective AIDS Education: A Policymaker's Guide
National Association of School Boards of Education
1012 Cameron Street, Alexandria, VA 22314
703-684-4000
Health professionals; Social workers; Nurses; Community service professionals; Educators, Administrators; Human service providers; Schools

Into Adolescence: Learning About AIDS
Post, J. and McPherson, C.
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080
Community service professionals; Educators

The Kids on the Block. Friends for Life
Aiello, Barbara and Shulman, Jeffrey
Twenty-first Century Books
38 South Market Street, Frederick, MD 21701
301-698-0210

Report of the CWLA Task Force on Children and HIV Infection, Initial Guidelines
ISBN No. 0-87868-339-9
Child Welfare League of America
440 First Street, NW, Suite 310
Washington, DC 20001
202-638-2952

Steps to Help Your School Set Up An AIDS Education Program
National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
617-357-8507

Terry and Friends Present AIDS Education, Grades K-3, Teacher's Guide
Creative Graphics
127 So. Main Street, Mount Vernon, OH 43050
614-392-4327
Community service professionals; Educators

Terry and Friends Present AIDS Education, Grades 4-5-6, Teacher's Guide
Creative Graphics
127 So. Main Street, Mount Vernon, OH 43050
614-392-4327
Community service professionals; Educators

Understanding AIDS
US Department of Health and Human Services
Publication No. (CDC) HH5-88-8407
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

Understanding the Immune System
US Department of Health and Human Services
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

1987

Terry the Friendly Dragon Helps You to be AIDS Smart, A Study Guide and Activity Book for the Grade School Child
Creative Graphics
127 South Main, Mount Vernon, OH 43050
614-392-4327
General public/Consumers; Community service professionals; Students

Why School Health
ISBN No. 0-87652-121-9
American Association of School Administrators
1801 North Moore Street, Arlington, VA 22209-9988
703-875-0730

Unknown date

A Comprehensive Health and Substance Abuse Prevention Program Series, Grades Kindergarten through Six
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

The AIDS Challenge, Prevention Education for Young People
Quackenbush, Marcia and Nelson, Mary, with Kay Clark
ISBN No. 0-697-10738-8
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

AIDS We Care
B'nai B'rith Youth Organization
1640 Rhode Island Avenue NW
Washington, DC 20036
202-857-6633

HIV/AIDS Instructional Guide for Teachers Grades 4 through 5
ISBN No. 0-87652-121-9
New Jersey State Department of Education
Trenton, NJ

Responding to HIV and AIDS
ISBN No. 0-87868-339-9
The Health Information Network
100 Colony Square, Atlanta, GA 30361
404-875-8819

Brochures

1991

"AIDS and the Workplace"
Stock No. 4-148
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
512-458-7405

"Condoms and Sexually Transmitted Diseases"
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
512-458-7405

1989

"AIDS and the Deaf"
The United Way
West Hollywood

"AIDS Prevention Guide: For Parents and Other Adults Concerned About Youth"
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

1988

"Children, Parents, and AIDS"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

"Education for Life: AIDS Policies and Curriculum"
Richardson ISD in cooperation with the RISD Council of PTAs
ISBN No. 0-86536-109-6
Richardson ISD
400 South Greenville, Richardson, TX 75080
214-238-8111

How to To Talk to Your Teens and Children About AIDS"
National PTA
700 N. Rush Street Chicago, IL 606611-2571
312-787-0977
General public/Consumers; Parents; Women

"Medidas Para Ayudar A Su Escuela A Establecer Un Programa De Educacion Sobre El Sid"
National Coalition of Advocates for Students
100 Boylston Street Suite 737, Boston, MA 02116-4610
617-357-8507
Community service professionals; Educators; Hispanics; Parents

"School Systems and AIDS: Information for Teachers and School Officials"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

1987

"AIDS and the IV Drug User"
Stock No. 4-145
Texas Department of Health
1100 West 49th Street, Austin, TX 78756
512-458-7405

"AIDS Lifeline"
San Francisco AIDS Foundation
333 Valencia Street, P.O. Box 6182, San Francisco, CA 94101-6182
415-861-3397

"Surgeon General's Report on Acquired Immune Deficiency Syndrome"
US Department of Health and Human Services
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

CURRICULUM

1991

About Blood and AIDS, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

All About AIDS
Yarber, William L.
ISBN No. 0-88314-410-7
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Get Well Soon, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Getting Sick, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Things You Might Catch, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

1990

The ABCs of AIDS and STDs
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

AIDS: A Catholic Educational Approach, Leader's Guide
ISBN No. 1-55833-019-4
National Catholic Educational Association
1077 30th Street, NW, Washington, DC 20007
202-337-6232

AIDS: HIV Prevention Education for Puberty Age Youth
Montfort, Sue
ISBN No. 1-55833-019-4
Planned Parenthood of Greater Northern New Jersey, Inc.
Morristown, NJ

474

Integrating AIDS Into Teenage Health Teaching Modules
Education Development Center
55 Chapel Street, Newton, MA 02160
1-800-225-4276 or 617-969-7100

Know AIDS Prevention Education
Rizzoli International Publications, Inc.
300 Park Avenue South, New York, NY 10010
1-800-433-1238 or 212-982-2300

Training Educators In HIV Prevention, An Inservice Mannual
Collins, Janet L. and Britton, Patti O.
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407

1989

AIDS Curriculum Grades K-6
Health Skills for Life
Eugene, OR

Building Blocks: An AIDS Curriculum Guide for Early Elementary Educators
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

1988

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 7-8
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 9-10
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 11-12
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, Upper Elementary Level Grades 4-6
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, Middle and Junior High School Grades 6-9
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, High School Grades 9-12
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Preventing AIDS, A Curriculum for Middle School, Junior and Senior High School Students
Education Development Center, Inc.
55 Chapel Street, Newton, MA 02160
1-800-225-4276 or 617-969-7000
Community service professionals; Educators

What Kids Need to Know About AIDS, Resources and Life Skills Exercises for Educators
Planned Parenthood of North East Pennsylvania
112 North 13th Street, Allentown, PA 18102
215-439-8008
Community service professionals; Educators

1987

AIDS Education Project for Sheltered and Incarcerated Youth
Michale Hutton, Youth and Family Assistance
609 Price Avenue, Suite 202
Redwood City, CA 94063
415-366-8408
Community service professionals; Educators; General public/Consumers; Prisoners; Students

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students 9-10
Michigan Department of Public Health, Special Office on AIDS Prevention
3500 North Logan, P.O. Box 30195
Lancing, MI 48912
517-335-8371
Community service professionals; Educators

Your Choice About AIDS: A Secondary School Curriculum
Colorado Department of Health, STD/AIDS Control Section
4210 East 11th Avenue, Denver, CO 80220
303-331-8320
Community service professionals; Educators; Adolescents; Students/Young Adults; Schools; Secondary schools

1986

Growing Healthy, A Comprehensive School Health Education Curriculum for Kindergarten Through Grade 7
National Center for Health Education
New York, NY

Sex Respect: The Option of True Sexual Freedom
Mast, Coleen K.
Project Respect
Box 97, Golf, IL 60029

1982-83

Teenage Health Teaching Modules: Communicating in Families
(revision in process)
Education Development Center
55 Chapel Street, Newton MA 02160
1-800-225-4276 or 617-969-7100

Teenage Health Teaching Modules: Promoting Health in Families
(revision in process)
Education Development Center
55 Chapel Street, Newton MA 02160
1-800-225-4276 or 617-969-7100

VIDEO

1990

"AIDS: Allie's Story
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467
Junior High School; Adults

"Beginnings: You Won't Get AIDS
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467

"Health: AIDS"
ABC News interactive

"If AIDS Is So Bad, How Come We Don't Know Anybody Who Has It!"
Rites of Passage/ACA
Austin, TX

"Just A Regular Kid: An AIDS Story"
The Media Guild
San Diego, CA

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part I"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part III"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part IV"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

1989

"AIDS in Rural America"
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125
Senior High School; Adults

"AIDS: Let"s Talk"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"AIDS Prevention: Choice Not Chance"
Educational Activities, Inc.
P.O. Box 392, Freeport, NY 11520
1-800-645-3739

"Camp Itsamongus"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

"Facts About AIDS"
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467

"If You Want to Dance"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"Our Immune System and AIDS" (Level Two)
Eaton Press
New York

"Understanding AIDS (The Story of Our Immune System and AIDS)" (Level One)
Eaton Press
New York

1988

"A Is for AIDS"
Professional Research, Inc.
930 Pitner, Evanston, IL 60202
1-800-421-2363
Elementary; Junior High School

"AIDS Alert for Youth"
Creative Media Group, Inc.
226 East High Street, Charlottesville, VA 22901
Health professionals; Educators; Students; Blacks

"AIDS: Everything You Should Know"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467
General public/Consumers; Students

"AIDS In the Classroom"
American Federation of Teachers
Washington

"AIDS In Your School"
Altschul Group Corporation
930 Pitner Avenue, Evanston, IL 60202
703-328-6700 or FAX 328-6706

"AIDS What Every Teacher Must Know"
Instructional Media
389 Newtown Turnpike, Weston, CT 06883
1-800-243-5020
Community service professionals; Educators

"AIDS: What Everyone Needs to Know"
(updated 1990)
Churchill Media
12210 Nebraska Avenue, Los Angeles, CA 90025
1-800-334-7830

"Don't Forget Sherrie"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271
General public/Consumers; Students

"Don't Get It! Teenagers and AIDS"
Human Relations Media, Inc.
175 Thompkins Avenue, Pleasantville, NY 10570
1-800-431-2050

"Not Work The Risk"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"Saying No...A Few Words To Young Adults About Sex"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"Taking A Stand"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

1987

"A Letter From Brian"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271
General public; Consumers; Students

"AIDS: Everything You and Your Family Needs to Know"
HBO
1011 Avenue of the Americas, New York, NY 10036
212-512-1000

"AIDS In Your School"
Professional Research, Inc.
930 Pitner, Evanston, IL 60202
1-800-421-2363

"AIDS: Taking Action
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"Answers About AIDS"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

"Learn For Your Life"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"The Subject Is AIDS"
ODN Productions
Select Media Company
74 Varick Street #305, New York, NY 10013
1-800-526-4773
Junior High; Adult

1986

"Beyond Fear"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

Unknown date

"AIDS: On the Front Line"
Harris County Medical Society, Houston Academy of Medicine
AIDS Education Project, Houston Academy of Medicine
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
713-790-1838

"AIDS: Protect Yourself"
Harris County Medical Society, Houston Academy of Medicine
AIDS Education Project, Houston Academy of Medicine
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
713-790-1838

"AIDS-The Reality In The Dream"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"I Have AIDS: A Teenager's Story"
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

"Rappin' About AIDS"
Kirsten Hinsdale, Department of Health and Hospitals City and County of Denver
777 Bannock Street, Denver, CO 80204-4507
303-893-6000
Community service professionals; Educators; General public/Consumers

"Refusal Skills"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Sensitive Subjects"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Teacher Training Tape"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Thumbs Up For Kids"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467

"What Ramon Did"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467

"Women & AIDS"
Gay Men's Health Crisis
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-408

"You Would If You Loved Me"
No. 60114-1
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"You Would If You Loved Me"
No. 60114-2
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

National and State Resources For HIV and AIDS Prevention Education

NATIONAL RESOURCES

American Alliance for Health, Physical Education, Recreation and Dance
Association for the Advancement of Health Education (AAHE)
1900 Association Drive
Reston, VA 22091
703-476-3437

American Association of School Administrators
Office of Minority Affairs - AIDS
1801 N. Moore Street
Arlington, VA 22209
703-528-0700

American College Health Association
1300 Piccard Drive, Suite 200
Rockville, MD 20850
301-963-1100

American Federation of Teachers
555 New Jersey Avenue, NW
Washington, DC 20001
202-879-4400

American Institute for Teen AIDS Prevention
P.O. Box 136116
Fort Worth, TX 76136
817-237-0230

American Red Cross
Office of HIV/AIDS Education
1709 New York Avenue, NW, Suite 208
Washington, DC 20006
202-434-4077

American School Health Association
7263 State Route 43
P.O. Box 708
Kent, OH 44240
919-361-4622

Center for Population Options
1012 14th Street, NW, Suite 1200
Washington, DC 20005
202-347-5700

Centers for Disease Control
Division of Adolescent and School Health
1600 Clifton Road
Atlanta, GA 30333
404-639-0975

Council of Chief State School Officers
Resource Center on Educational Equality
400 North Capitol Street, NW Suite 379
Washington, DC 20001
202-393-8161

National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20850
800-458-5231

National AIDS Hotline
800-342-AIDS (English)
800-344-SIDA (Spanish)
800-243-7889 (TTY/TTD)

National Association for Equal Opportunity in Higher Education (NAFEO)
400 12th Street, NE
Washington, DC 20002
202-543-9111

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
703-684-4000

National Center for Health Education
30 East 29th Street
New York, NY 10016
212-689-1886

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116
617-357-8507

National Coalition of Hispanic Health and Human Service Organizations (COSSHMO)
1030 15th Street NW, Suite 1053
Washington, DC 20005
202-371-2100

National Education Association
1590 Adamson Parkway, Suite 260
Morrow, GA 30260
404-960-1325

National Gay and Lesbian Task Force
1517 U Street, NW
Washington, DC 20009
202-322-6483

National Minority AIDS Council
300 Eye Street, NW, Suite 400
Washington, DC 20002
202-544-1076

National Network of Runaway and Youth Services, Inc.
1400 Eye Street, NW, Suite 330
Washington, DC 20005
202-682-4114

National PTA
700 North Rush Street
Chicago, IL 60611
312-787-0977

National Rural and Small School Consortium
Western Washington University
Miller Hall 359
Bellingham, WA 98225
206-676-3576

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
703-838-6722

National School Health Education Coalition
P.O. Box 515664
Dallas, TX 75251
404-329-7791

Sex Education and Information Council of the U.S. (SIECUS)
130 West 42nd Street, 25th Floor
New York, NY 10036
212-819-9770

TEXAS RESOURCES

Senate Committee on Health and Human Services
P.O. Box 12068
Sam Houston Building
Austin, TX 78711
512-463-0360

State AIDS Coordinator
Texas Department of Health
Bureau of AIDS
1100 West 49th Street
Austin, TX 78756-3199
512-458-7304

Texas Commission on Alcohol and Drug Abuse
1705 Guadalupe
Austin, TX 78701
512-463-5510

Texas Department of Health
1100 W. 49th Street
Austin, TX 78756

Chronically Ill & Disabled Children Services	512-458-7355
Film Library	512-458-7260
HIV/AIDS Division	512-458-7209
Prevention	512-458-7504
Surveillance	512-458-7204
Services	512-458-7207
HIV Funding Information Center	512-458-7684
Public Health Promotion	512-458-7405
Texas AIDSLINE	800-299-AIDS
Texas AIDSLINE TDD (Hearing Impaired)	800-252-8012
Texas HIV Medication Program	800-255-1090

Texas Education Agency
1701 North Congress Avenue
Austin, TX 78701-1494
512-463-9734

Texas Organizations

AIDS Consortium of Texas	512-245-2561
AIDS Helpline (Health Professionals)	800-548-4659
AIDS Legal Assistance Line	800-828-6417
Alliance Health, Inc.	800-749-2255
American Cancer Society	800-ACS-2345
American Lung Association of Texas	800-252-5864
American Red Cross (Texas HIV Network)	512-928-4271
Coalition of Texans with Disabilities	512-478-3366
Life Benefits Incorporation	800-969-6000
Relay Texas (TDD)	800-735-2989
Relay Texas (Voice)	800-735-2988

Social Security Administration	800-772-1213
TDMHMR AIDS/HIV Prevention	512-323-3190
Texas AIDS Network	512-447-8887
Texas Commission on Alcohol and Drug Abuse	512-463-5510
Texas Dept. of Human Services Medicaid Hotline	800-252-8263
Texas Education Agency (HIV Prevention Program)	512-463-9501
Texas Human Rights Foundation	512-467-6725
Texas Rehabilitation Commission (Disability)	512-445-8207
Texas Rehabilitation Commission (Disability)	800-252-9627

U.S. Department of Health and Human Service
AIDS Coordinator
1200 Main Tower
Dallas, TX 75202
214-767-3916

ADDITIONAL RESOURCES

The following articles provide supplemental information:

Centers for Disease Control. "Public Health Service Statement on Management of Occupational Exposure to Human Immunodeficiency Virus, Including Considerations Regarding Zidovudine Postexposure Use." *Morbidity and Mortality Weekly*, January 26, 1990, Vol. 29, No. RR-1.

Centers for Disease Control. "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers." *Morbidity and Mortality Weekly*, June 23, 1989, Vol. 38, No. S-6.

Centers for Disease Control. "Update: Universal Precautions for Prevention of Transmission of HIV, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings." *Morbidity and Mortality Weekly Report*, June 24, 1988, Vol. 37, No. 24, pp. 377-382, 387-388.

"Update: Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus Infection Among Health Care Workers." *Morbidity and Mortality Weekly Report*, April 22, 1988, Vol. 37, No. 15.

Joint Advisory Notice: Department of Labor/Department of Health and Human Services; HBV/HIV; Notice. *Federal Register*, October 30, 1987, Vol. 52, No. 210.

Centers for Disease Control. "Recommendations for Prevention of HIV Transmission in Health-Care Settings." *Morbidity and Mortality Weekly Report*, August 21, 1987, Vol. 36, No. 28.

Jeffrey Laurence, MD. "AIDS Therapeutics: Antivirals and Disinfectants." *Infections in Medicine*, March 1987, pages 90-95, 108-109, 116.

Centers for Disease Control. "Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS." *Morbidity and Mortality Weekly Report*, 1987, Vol. 36, pp. 509-515.

Committee on Infectious Diseases. "Health Guidelines for the Attendance in Day-Care and Foster Care Settings of Children Infected with Human Immunodeficiency Virus." *Pediatrics*, 1987, Vol. 79, No. 3, pp. 466-471.

For information on HIV/AIDS, Infectious Waste, and Universal Precautions, call the Indiana AIDS Hotline: 800-848-2437.

APPENDIX L

ESR III CURRICULUM IMPLEMENTATION SURVEY

Each of the following sections contain information about teacher's usage of ESR III. Your comments will be appreciated. They will be invaluable in helping us to improve the curriculum.

INSTRUCTIONS: Please circle the appropriate response or follow instructions. Send the completed form to HIV Prevention Program Office, Texas Education Agency, 1701 North Congress Avenue, Austin, Texas 78701-1494 by June 1, 1993.

A. Enter your County-District-Campus Number:
(Place nine digit number in space provided) —,—,—

B.	How many years have you taught?	0-3	3-5	5-8	8-12	12+
	How many years have you taught in this district?	0-3	3-5	5-8	8-12	12+
	How many years have you taught health?	0-3	3-5	5-8	8-12	12+
C.	What is the grade span in which you teach?	Pk-6		6-8		9-12

D. What is the primary subject area that you teach?

All areas - Elementary
Science
Fine Arts
Mathematics
Health
Language Arts
Social Studies
Vocational Education

E. Which term was the ESR III curriculum used? Fall '92 Spring '93

F. Which lesson page(s) did you use? (Identify the lessons by page number(s) in space provided) ____________________

G. How much time did you spend teaching/preparing each lesson? Select the two lesson plans you liked best by page number and furnish the following information.

LESSON 1: Page Number _____

	TEACHING	PREPARING
Approximate time spent:	_____ less than one-half hour	_____ less than one-half hour
	_____ one-half - 1 hour	_____ one-half - 1 hour
	_____ more than 1 hour	_____ more than 1 hour

How did your actual instruction differ from the lesson plan provided in the ESR III curriculum?

LESSON 2: Page Number _____

	TEACHING	PREPARING
Approximate time spent:	_____ less than one-half hour	_____ less than one-half hour
	_____ one-half - 1 hour	_____ one-half - 1 hour
	_____ more than 1 hour	_____ more than 1 hour

How did your actual instruction differ from the lesson plan provided in the ESR III curriculum?

H. Overall, how easy or difficult was it to use this curriculum?

Very Easy	Moderately Easy	Slightly Difficult	Very Difficult
1	2	3	4

I. How could the ESR III curriculum be made more useful?

J. Please indicate the page number(s) of the introductory material and/or the appendix section of ESR III that was most useful.

1. Introductory material: Page number(s) ____________________

____

2. Appendices: Section(s) ____________________

____

K. How was the ESR III curriculum made available lto you?

____

____

L. At your school, how do you think teacher usage of ESR III could be improved?

____

____

____

____

M. How easy or difficult was it to get this curriculum accepted by the following groups of people?

	Moderately Easy	Slightly Difficult	Very Difficult
Other teachers	1	2	3
Parents	1	2	3
Administrators	1	2	3
General Public	1	2	3

Comments: ____________________

____

____

____

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Texas Education Agency
1701 North Congress Avenue
Austin, Texas 78701-1494

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